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# Psychology Postdoctoral Training Program

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VA Palo Alto Health Care System  
3801 Miranda Avenue  
Palo Alto, California 94304

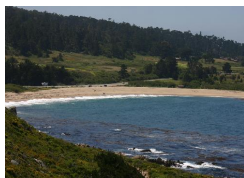
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## 2022 - 2023

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## Introduction and Program Overview

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## Introduction

The purpose of this brochure is to describe the APA-accredited Clinical Postdoctoral Fellowship Program at the VA Palo Alto Health Care System. Our postdoctoral fellowship program has been continually accredited by the [American Psychological Association](#) (APA) since 2001 (due to the COVID-19 pandemic, the most recent accreditation site visit occurred in 2021). We have a multi-faceted program, which can provide many kinds of training experiences, but we also have specific areas of focus; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to submit an application to our postdoctoral training program at VA Palo Alto.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train Fellows who go on to VA jobs, and we train others who go on to work in academia, other medical centers, the private sector, etc. The profession of Psychology and the whole health care system in this country are served by having well-trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals and for the nation.

## Training at VA Palo Alto

The VA Palo Alto Health Care System (VAPAHCS) provides a particular kind of training, based on our view of the role of Psychology in the VA system. We are committed to the **scientist-practitioner model** of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992). Our training program is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures.

Palo Alto has broad strengths in training. We have a **large staff of distinguished psychologists** who represent a broad range of areas of expertise and are **dedicated to training and supervision** of our future psychology colleagues. Supervision at Palo Alto emphasizes a developmental approach, evidence-based practice, and overall professional development within a **supportive, training-focused environment**. Palo Alto supervisors represent a range of theoretical orientations, with a preponderance of CBT, “third-wave,” and integrative approaches. Supervisors are highly invested in Fellows’ professional development and provide a supportive yet challenging training environment. We are committed to providing training that **values connection and relationships** between supervisors and Fellow, among team members, and within the postdoctoral class.

*"I am deeply appreciative of the opportunity to complete a fellowship at VA Palo Alto. I consider it to have been a confidence-boosting and life-changing experience which spurred my transition from being a student to a professional." ~Recent postdoctoral fellow*

Recent or selected training program and staff awards and distinctions include:

- Outstanding Training Program Award, 2000 – American Association of Behavioral Therapy (AABT, now ABCT)
- Outstanding Director of Training, 2008 – American Psychological Association, Division 18 (Veterans Affairs Section)
- Excellence in Behavioral Medicine Training Program Award, 2012 – Society of Behavioral Medicine
- Director of Training Award, 2016 – VA Psychology Training Council (VAPTC) Antonette and Robert Zeiss Award for Outstanding Contributions to VA Psychology Training

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- Recent and current presidents/chairs of the VA Psychology Training Council, Association of VA Psychology Leaders, International Society of Traumatic Stress Studies, and Society of Clinical Geropsychology (APA Division 12, Section II)
- Other leadership roles in multiple national professional organizations, including the Academy of Psychological Clinical Science, Association of Behavioral and Cognitive Therapies, APA Division of Psychologists in Public Service (Division 18), APA Division of Rehabilitation Psychology (Division 22), Society of Clinical Geropsychology (APA Division 12, Section II), Society for the Psychology of Women (APA Division 35), Society for Clinical Neuropsychology (APA Division 40), National Academy of Neuropsychology (NAN), the Council of Professional Geropsychology Training Programs (CoPGTP), and the VA Psychology Training Council (VAPTC)
- National psychology roles also include serving as APA Accreditation Site Visitors, journal editors, and editorial board members
- Multiple national trainers in VA evidence-based psychotherapies dissemination (e.g., CPT, PE, CPT-CP, CBT-I, CBT-SUD, ACT for Depression, PST) and the Motivational Interviewing Network of Trainers (MINT)
- Fellow status in the American Psychological Association and the Gerontological Society of America
- Recent APA Division Awards – Dr. Carey Pawlowski, 2021 Mentoring Award (Division 22, Rehabilitation Psychology), 2019 Outstanding Supervisor or Mentor (Division 18, Psychologists in Public Service, VA Section); Dr. Tiffanie Sim Wong, 2018 Outstanding Clinician (Division 18, Psychologists in Public Service, VA Section)
- Attainment of new Board Certification in Clinical Psychology, Clinical Health Psychology, Clinical Geropsychology, Clinical Neuropsychology, and Rehabilitation Psychology by 11 staff psychologists in since 2014

The overall aim of the VAPAHCS Psychology Postdoctoral Training Program is to train psychologists who

*"My two years of training as a general track intern and clinical postdoctoral fellow in the PTSD focus area at VAPAHCS were formative both professionally and personally. Not only did I apply what I had learned theoretically to my clinical practice, particularly with evidence-based treatments, I also grew in strength, confidence, and compassion as a developing psychologist serving a diverse population of Veterans. Graduate school and clinical training did their part in my development, but my relationships with warm, bright, and competent supervisors at VAPAHCS were integral to refining and shaping my professional values. I am definitely grateful for what I consider to have been my clinical training home and would recommend internship and fellowship there to future trainees."*  
~Recent intern/postdoctoral fellow

meet advanced general profession-wide competencies in psychology and can function effectively and independently as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary aim of the postdoctoral program is for Fellows to develop the full range of professional skills required for independent functioning as a psychologist, including skills involved in science-practice integration; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional skills.

Complementing our goal of preparing Fellows to function as independent psychologists, we also aim to prepare Fellows for practice in high priority areas of health care for Veterans. VA's national training goals are listed as primary care, geriatrics, mental health and rehabilitation (Associated Health Professions Review Subcommittee, 1997). The Psychology Postdoctoral Training Program includes seven focus areas: Behavioral Medicine, Geropsychology, Palliative Care, Psychosocial Rehabilitation, PTSD, Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders, and Couples/Family Systems. Through the professional

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activities in these focus areas, Fellows receive training that facilitates their development of the core advanced general professional competencies required for independent functioning as a psychologist. In addition, Fellows develop depth of knowledge and advanced skills in working with specific populations/settings (i.e., the aging, medically ill, terminally ill and/or dying, seriously mentally ill, rehabilitation, trauma, substance using and/or homeless, couples and families). Note that we have separately accredited, 2-year specialty postdoctoral fellowship programs in Clinical Neuropsychology and Rehabilitation Psychology, which share some structure and training resources with the general Psychology Postdoctoral Training Program. More information about postdoctoral training in these specialty areas are available on the Training Program website.

In this Introduction, we describe how the training program is organized and program procedures such as application and selection. In addition, we discuss our philosophy of training and provide additional information about expected competencies that postdoctoral Fellows will acquire. You will also find sections describing different focus areas and training sites, including specific details on program structure, patient population, theoretical orientation, and the nature of supervision for each training site. The Psychology Staff listing can be found on the Psychology Training website and includes brief biographical sketches of all the psychologists in the postdoctoral training program.

### **VA Palo Alto Health Care System Facilities**

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to Veterans who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.

The Veterans Affairs Palo Alto Health Care System ([VAPAHCS](#)) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. As of July 2021, this health care system has over 6000 employees and volunteers, is located on more than 300 acres, and operates on a large annual budget of over \$1B. Our health care facilities operate 800 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 67,000 enrolled Veterans. Psychology training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle).

The VAPAHCS is affiliated with the [Stanford University School of Medicine](#) and shares training programs for medical residents in psychiatry, medicine, surgery, rehabilitative medicine, and other medical specialties. In addition to these and the psychology training program, VAPAHCS also has training programs for audiology/speech pathology, dentistry, dietetics, hospital management, nursing, pharmacy, social work, recreation therapy, occupational therapy, podiatry, and optometry. Over 1500 students, interns, fellows, and residents are trained each year across these multiple disciplines. Psychology operates in an interprofessional, collegial fashion with other disciplines, and Fellows obtain training and clinical experience in interprofessional work. The Psychology Postdoctoral Fellowship Program is operated by Psychology Service, which reports to the Deputy Chief of Staff for Mental Health, Social Work, and Homeless Programs. Psychology Service is a voting member of the Executive Review Board, and Psychology Service professional staff members have medical center privileges.

In addition to basic medical and mental health care programs, this VA has a variety of specialized regional programs, including a Polytrauma Rehabilitation Center, a Spinal Cord Injury Center, the Western Region Blind Rehabilitation Center (WBRC), the National Center for PTSD (NCPTSD), the residential Trauma Recovery Service, Homeless Veterans Rehabilitation program, a Geriatric Research, Educational, and Clinical Center (GRECC), and a Mental Illness Research, Education, and Clinical Center (MIRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and



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outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Training opportunities are available in all of these programs.

VAPAHCS maintains one of the top three research programs in VA and is a national leader in research with annual funding of approximately \$58M. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease (Stanford/VA Alzheimer's Research Center), spinal cord regeneration, schizophrenia, and post-traumatic stress disorder (National Center for PTSD). VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Service, Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation and Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

VA Palo Alto has received numerous awards in recent years, including the following:

- ***In February 2020***, VA Palo Alto Health Care System became ***the world's first fully 5G-enabled hospital***, helping to identify potential clinical uses for technology that combine emerging health care innovations with 5G capabilities.
- ***2016 VA Secretary's Award for Outstanding Achievement to Homeless Veterans***. VAPAHCS Domiciliary Service received this nation-wide recognition from the Secretary of Veterans Affairs.
- ***2014 California Awards for Performance Excellence (CAPE)™ Eureka Award***. The California Council for Excellence (CCE) awards the 2014 California Awards for Performance Excellence (CAPE) Eureka Award, the highest recognition for performance excellence in the state, to VA Palo Alto HCS for the silver level.
- ***2014 Most Wired***. VAPAHCS was named "Most Wired" and is listed among HealthCare's 2014 Most Wired hospitals, by Hospitals and Health Networks.
- ***2013 "Leadership in Excellence" Secretary of Veterans Affairs' Robert W. Carey Performance Excellence Award***. VA Palo Alto HCS was awarded the Secretary of Veterans Affairs 2013 "Leadership in Excellence" Robert W. Carey Performance Excellence Award for implemented management approaches that resulted in sustained high levels of performance.

## Psychology Postdoctoral Funding, Benefits, and Eligibility

The Psychology Postdoctoral Program is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual postdoctoral fellowship stipend at VA Palo Alto is \$56,519. This stipend requires a full calendar year of training. For the 2022-23 year, the start date will be Monday, September 12, 2022. VA provides health care benefits for interns and postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of interns and fellows, including to legally married same-sex spouses of interns and fellows. Unmarried partners are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at [www.psychologytraining.va.gov/benefits.asp](http://www.psychologytraining.va.gov/benefits.asp).

Our training is geared to individuals who will have completed their doctoral degrees from an American Psychological Association (APA)- or Canadian Psychological Association (CPA)-accredited clinical, counseling, or combined psychology program or PCSAS-accredited Clinical Science program, and will have completed an APA- or CPA-accredited psychology internship program, are functioning at an advanced level, and have clinical and preferably research experience in the focus area of interest. Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to override these requirements locally. All information about VA eligibility requirements is available at [www.psychologytraining.va.gov/eligibility.asp](http://www.psychologytraining.va.gov/eligibility.asp) and [www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf](http://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf); please read these eligibility requirements carefully prior to applying to make sure you are eligible for a VA internship, including U.S. citizenship, health requirements, background investigations,

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and Selective Service registration. Individuals who are born male should check their Selective Service registration status at this website prior to applying to VA internship sites: [Verify Selective Service Registration](#). In order to be eligible to begin the Fellowship, the selected applicant must also have completed the dissertation and all other doctoral degree requirements before September 1. The training program may rescind offers of postdoctoral positions for applicants selected for the postdoctoral fellowship, but who have not completed all doctoral degree requirements by September 1, or have not met all pre-employment requirements for hiring.

In addition, please note that all Psychology Fellows are considered temporary employees of the Department of Veterans Affairs and, as such, are subject to laws, policies, and guidelines posted for VA staff members, including for required vaccinations (e.g., influenza, COVID-19) and random drug testing (see this [document](#) for more details). There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for Psychology Fellows. If employment requirements change during the course of a training year, Fellows will be notified of the change and impact as soon as possible and options provided. The Director of Training will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

The number of postdoctoral positions in the general Psychology Postdoctoral Training Program at VA is expected to be 9 in the 2022-2023 training year. One position will be offered in each of the following focus areas: Behavioral Medicine; Geropsychology; Palliative Care; Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders; and Couples/Family Systems; two positions each will be offered in the Psychosocial Rehabilitation and PTSD focus areas. Note that one position will be offered in each of the separately accredited specialty 2-year fellowship programs in Clinical Neuropsychology and Rehabilitation Psychology for the 2022-2024 training years.

## Fellowship Structure at VA Palo Alto

The Fellowship consists of a calendar year of full-time supervised training; for the 2022-2023 year, the start date will be Monday, September 12, 2022. Fellows must complete the full year of training in order to be considered graduated from the fellowship program. The training provided meets the requirements for licensure in California and meets or exceeds licensure requirements in every other state at this time.

*"What a full and exciting two years these have been! I cannot tell you how much I enjoyed my time at the VA and what wonderful training I received. I feel that I have grown so much, both personally and professionally. I will miss the VA, all of the extraordinary people, and the lovely California weather!"*  
~Recent intern/postdoctoral fellow

Training is based on a 40-hour work week (8:00am – 4:30pm Monday through Friday), so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (11 days, plus unplanned holidays, e.g., national day of mourning), and authorized absence for professional activity. Our Psychology “Service” is not in name alone; we value being available to serve patients throughout working hours and sometimes beyond as the situation demands. It is not easy to complete everything in the time allotted, and your work may take a bit longer during the first 6 months as you adjust to fellowship and working at the VA. We encourage preceptors, supervisors, and Fellows to keep an open dialogue about your workload, schedule, training goals, and strategies for self-care. Your focus area preceptor and the Director of Training will help you plan a realistic program that balances taking advantage of training and professional development opportunities with time for a full, rich life outside of work. Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year.



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### **Rotations**

Each Fellow has a chance to participate in decisions about rotations within the relevant focus area. Each experience is crafted to fit the Fellow's training needs and interests, within the expectations and resources of the program. Discussion of this process will be emphasized during your visit or in phone/virtual interviews, if you are invited for an interview. The second part of this brochure has detailed information about the sites available for clinical rotations in each focus area. We affirm collaborative decision-making between Fellows and training staff regarding each Fellow's development and thus the design of each Fellow's program. In addition, evaluation is a mutual process among Fellows, supervisors, and the training program as a whole. We believe this is necessary to insure continued growth for each Fellow and for the training program.

### **Fellow Seminars**

Postdoctoral seminars are scheduled on Monday afternoons from 2:00-4:30pm. The seminar experiences are required for Fellows in the Psychology Service APA-accredited postdoctoral programs, and some of the seminars are open to other Psychology Fellows in the VAPAHCS system.

Three times a month, Fellows participate in a Professional Development seminar led by William Faustman, Ph.D., the Postdoctoral Coordinator; a variety of topics are covered, all attending to issues of professional development, identity, and self-confidence. Fellows participate actively in determining topics and speakers for this series. In addition, part of the seminar involves training on developing a Continuing Education conference, culminating in presentation of a CE course that has been designed and implemented by the Fellows, intended for an audience of Psychology and other interprofessional health care providers (Psychology Service at VAPAHCS is an APA-approved provider of CE credits).

Once a month, Fellows participate in a seminar on developing skills as a clinical supervisor. This seminar is led by Jessica Lohnberg, Ph.D., the Acting Training Director, and complements experience within rotations acting as case supervisors for interns or practicum students and receiving supervision on that supervision. The seminar provides an opportunity for Fellows to compare and discuss experiences as supervisors. In addition to the seminar, all Fellows are expected to supervise at least two cases seen by an intern or practicum student, while receiving supervision on that supervision, from the intern or practicum student's primary staff supervisor.

We strongly encourage but do not require Fellows to prepare for and attain California licensure during their Fellowship year and we include information and discussion about the licensure process in the seminar series throughout the year. Fellows typically participate in an optional licensing preparation group, led by the Fellows themselves. More information about licensure in California can be found at <https://www.psychology.ca.gov/>. The program also provides recent licensure study materials to assist Fellows in their licensure preparation.

For one hour each week, Fellows meet for a clinical case conference and journal club, led by Jessica Lohnberg, Ph.D., and William Faustman, Ph.D. Fellows rotate responsibility for presenting about their professional and clinical areas of interest, or a clinical case in which they are struggling with a particular technical, conceptual, diversity, ethical/legal, or process-related issue, and to present the situation to their peers for consultation. In addition, in the week prior to the meeting, the Fellow distributes a journal article or chapter that is relevant to the clinical case, professional area, or clinical issues. During the meeting, the Fellow leads a discussion of the topic and integrates the article into their presentation.

### **Other Educational Opportunities for Postdoctoral Fellows**

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment. With the exception of Partner/Spousal Abuse training (requiring 15 hours), we provide each of these classes during the year as

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part of the internship seminar series; Fellows who have not already received training in any of these areas are welcome to attend when the topics are covered for the interns.

Licensed psychologists in California are required to have continuing education; we are approved by APA to provide that training, and most CE training for staff is open to interns and postdoctoral fellows. Each year there are several full-day CE conferences at the VA Palo Alto Health Care System attended by interdisciplinary staff and open to interns and postdoctoral fellows; topics vary from year to year though typically include topics such as supervision and legal/ethical issues in the practice of psychology. There is a year-long seminar series sponsored by the MIRECC fellowship program focusing primarily on research design, statistics, and research career development. Fellows may attend if they wish and it fits into their overall training plan. Fellows also have access, without cost, to some courses offered through the Stanford University School of Medicine, including a seminar series on biostatistics that Fellows are encouraged to attend. Several VA clinical research centers (GRECC, HSR&D, National Center for PTSD, MIRECC), as well as Stanford Department of Psychiatry, offer regular seminars or grand rounds which are open to Fellows.

Fellows also have the opportunity to optionally participate in several mentoring programs or join a variety of service-level committees to enhance their training experience. Examples of committees to which they can join include the **Psychology Training Committee**, the **Evaluation Committee**, the **Multicultural and Diversity Committee** (see additional details below in the “Commitment to Diversity and to Developing Multicultural Competence” section), and the **Continuing Education Committee**. Mentoring programs are also available to provide additional mentorship beyond that provided by the Fellow’s preceptor who provides mentorship and guidance around developing a training plan for the year, navigating the fellowship year, and promoting professional development. The **Diversity Mentoring Program** offers the opportunity to be matched with a diversity mentor who can help the Fellow navigate and discuss diversity-related issues with someone who does not have any evaluative capacity over them (see additional details below in the “Commitment to Diversity and to Developing Multicultural Competence” section). The **Leadership Mentoring Program** allows Fellows to be matched with a psychologist mentor in a leadership role and/or with administrative or program management responsibilities to foster leadership skills and give Fellows an opportunity to learn about administrative responsibilities, leadership roles and career opportunities, professional networking, program management, participation in professional organizations, and healthcare system functioning. Committee participation and mentoring programs are optional adjunctive experiences for the fellowship training.

## **Research and Educational Project Opportunities and Expectations**

Fellows in every focus area are expected to participate in research and/or program evaluation (Behavioral Medicine, Geropsychology, PTSD, Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders, and Couples/Family Systems focus areas), development of an educational project (Psychosocial Rehabilitation focus area), or can choose to do research/program evaluation or develop an educational project (Palliative Care focus area). Fellows are expected to complete a meaningful aspect of the project during the year. This could be writing a grant proposal, generating an article submitted for publication or presentation at a professional meeting, developing and presenting an in-service training module, or some other marker of productivity. Fellows have one day a week of protected time for such research and educational activity. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

There are many research opportunities here. Most training sites are excellent models of scientist-practitioner functioning, in which clinical work guides ongoing research, and in turn the research findings inform the clinical work. Areas of ongoing research should be discussed with supervisors in the various focus areas since new projects are developed continuously. Fellows in any focus area can get involved in research in relevant settings. As noted above, Fellows in five focus areas will be expected to participate in research;

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Fellows in the other two areas also can participate in research. Decisions about whether the Fellow in those areas will be involved in research and, if so, the level of research involvement will be determined by the Fellow with the Primary Preceptor.

Generally, Fellows are involved in research opportunities that are already ongoing in their focus areas. Fellows can consider generating a new project within their focus area during the postdoctoral fellowship, but the Fellow must find a staff member who will sponsor the research and submit a proposal to the Medical Center Research Committee and the Stanford Human Subjects Committee, with a protocol written to adapt to the VA and Stanford forms. It typically takes two months to complete the writing and review process and receive permission to proceed. The Psychology staff member identified to sponsor a Fellows' project will help obtain the approvals of the Chiefs of Service responsible for the settings needed for data collection. Obviously this process is time-consuming and lengthy, hence the usual course of getting involved in an ongoing project. However, in some cases this course of action is appropriate and exciting, and we will support Fellows as best we can if developing a new project seems warranted.

There also are many opportunities for involvement in educational projects. Staff in all sites are involved in local training for Psychology and Interprofessional staff, and many staff are involved in national-level educational projects for the VA system. The Palliative Care focus area particularly emphasizes involvement in an educational project because of the lack of widespread understanding of these models of care and Psychology's roles within them. Staff in this area can offer excellent mentoring in designing and implementing a relevant educational project. As with research, Fellows in other focus areas can participate in educational projects; decisions about whether a Fellow in one of those focus areas will be involved and, if so, the level of involvement will be determined by the Fellow with the primary Preceptor.

## Training Aims and Competencies for the Fellowship Year

*"The breadth and depth of experience I received during my postdoctoral year has given me the confidence and sense of professional identity necessary to function at a high level in my current position."  
~Recent postdoctoral fellow*

As noted above, we have two overarching aims for our postdoctoral training program:

1. Fellows will develop the full range of skills required for independent functioning as a psychologist.
2. Fellows will develop skills required to function effectively as a psychologist in a high priority area of health care for Veterans (e.g., Behavioral Medicine; Geropsychology; Palliative Care; Psychosocial Rehabilitation; PTSD; Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders; Couples/Family Systems).

Competencies for our first aim are defined by the profession-wide competency domains identified by APA's Commission on Accreditation. Specifically, Fellows are expected to demonstrate, by the end of the year, competence at an independent level in the following areas:

- Science-practice integration
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional skills

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The competency domains for our second aim are defined as much as possible by national accepted or emerging criteria defining expertise in the specific focus area. Each of the focus area competency domains are outlined below. These competency domains encompass knowledge and skill areas important to each focus area and are used to provide Fellows with breadth and depth of training experience within the focus area. The advanced general professional competencies as applied to each focus area are used to evaluate Fellow's performance since these domains are less behaviorally-specific than the competencies in each profession-wide competency domain above.

Behavioral Medicine focus area competencies are consistent with standards first articulated at the National Working Conference on Education and Training in Health Psychology (Stone, 1983), re-stated in terms of expectations for post-doctoral training in Health Psychology (Sheridan et al., 1988), and updated by Belar and Deardorff (1995). Definitions for the APA Specialty in Clinical Health Psychology (established August, 1997) draw heavily on these documents as well. This focus area involves training in six overall areas of Behavioral Medicine competency:

- Assessment of specific medical populations (pain, HCV, oncology, obesity, sleep, transplant, primary care, sexual dysfunction, cardiac, etc.)
- Behavioral Medicine intervention techniques (relaxation/hypnosis, motivational interviewing, tobacco cessation, treatment of insomnia, pain, obesity, areas above)
- Psychotherapy (depression, anxiety)
- Consultation and Liaison skills
- Teaching/Supervision skills
- Behavioral Medicine research

*"The Behavioral Medicine focus area is an exceptional training program that allows a fellow to develop clinical competencies across a wide range of Behavioral Medicine specialty areas, something that is rare to find in other Behavioral Medicine Fellowships around the country."  
~Recent postdoctoral fellow*

Clinical Geropsychology has been recognized as a specialty area by the American Psychological Association and the American Board of Professional Psychology (ABPP). This focus area involves training in the thirteen areas of Geropsychological competency consistent with the Pikes Peak Model for Training in Professional Geropsychology:

- Research and theory in aging
- Cognitive psychology and change
- Social/psychological aspects of aging
- Biological aspects of aging
- Psychopathology and aging
- Problems in daily living
- Sociocultural and socioeconomic factors
- Special issues in assessment of older adults
- Treatment of older adults
- Prevention and crisis intervention services with older adults
- Consultation
- Interface with other disciplines
- Special ethical issues in providing services to older adults.

Palliative Care/Hospice focus area competencies are evolving and not as clearly defined, but we have established expectancies based on a combination of concepts drawn from a training program on end-of-life care funded by the Robert Wood Johnson Foundation, a course developed by the End of Life Nursing Education Consortium, and the American Psychological Association workgroup report on end-of-life care. The domains of competence defined for expertise in palliative care and hospice work include:

- Psychological, sociocultural, spiritual and interpersonal factors in chronic disease and life-limiting or terminal illness
- Biological aspects of illness and the dying process

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- Socioeconomic and health services issues in palliative and end-of-life care
- Normative and non-normative grief and bereavement
- Assessment of common physical and mental health conditions (e.g. suffering, existential distress, psychopathology, pain/other physical symptoms, interpersonal difficulties, grief)
- Treatment of individuals with chronic, life-limiting or terminal illness, families and involved social systems.
- Treatment of family systems
- Interface with other disciplines through interprofessional teams and consultation in medical teams
- End-of-life decision making and ethical issues in providing palliative care and hospice services
- Professional self-care
- A focus also is placed on developing skills in teaching, supervision and scholarship in palliative care and end-of-life issues

Psychosocial Rehabilitation focus area competencies are based on the “Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment.” These guidelines were established in 1997 drawing on a task force convened by the Joint Commission on the Accreditation of Health Care Organizations and the work of the International Association of Psychosocial Rehabilitation Services (IAPSRs) Managed Care Committee. This focus area involves training in multiple domains of competence relevant to interprofessional psychosocial rehabilitation models of care. These domains include:

- Understanding severe and persistent mental illness
- Knowledge of psychosocial rehabilitation
- Integration of PSR principles in practice
- Practitioner’s professional and self-development
- Multicultural clinical competence
- Understanding consumer initiatives
- Understanding systems issues and strategies for advocacy and systems change
- PSR assessment skills
- Understanding PSR intervention strategies
- PSR intervention skills: Goals development
- PSR intervention skills: Selected interventions
- Understanding community engagement issues and practice
- Understanding vocational rehabilitation strategies
- Understanding residential treatment strategies
- Understanding housing intervention strategies
- Understanding strategies for substance use interventions

*"The fellowship training in PSR is an excellent way to learn about ways of encouraging recovery and providing hope that our severely mentally ill (SMI) Veterans can lead a life that truly matches their life's goals and values. The fellowship not only teaches the fellow about PSR principles and techniques, but it inspires hope, respect, and dignity for our SMI population." ~Recent postdoctoral fellow*

Posttraumatic Stress Disorder focus area competencies are derived from a review of number of relevant and respected sources (for example, the NCPTSD website and the website of the APA Division 56 Trauma Psychology), as well as from review of existing core competencies in other PTSD postdoctoral fellowships, since national standards defining competency in the treatment of PTSD are still evolving. This focus area involves training in the following competency areas:

- Empirically validated and supported treatments for PTSD across the full continuum of care
- PTSD research and theory, particularly that pertaining to the needs of Veterans with PTSD and co-occurring Substance Use Disorders (SUDs) (PTSD-SUD focus) or that pertaining to military sexual trauma, complex PTSD, and gender specific treatment issues (women’s focus)



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- Empirically validated and supported treatments for PTSD with commonly occurring co-morbid disorders and conditions, specifically substance use disorders, and personality disorders
- Military culture and gender-specific cultural issues, and their impact on the course and treatment of PTSD
- Therapist self-care
- Assessment of core PTSD assessment modalities, assessment modalities pertaining to diagnoses and conditions commonly co-morbid with PTSD, specifically substance use disorders, and personality disorders, and assessment of therapeutic and programmatic efficacy

Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders focus area competencies closely follow the VA/DoD Clinical Practice Guidelines for Substance Abuse Treatment, developed with the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment. This focus area involves training in the following competency areas:

- Research, including understanding the research literature in the areas of addictive behaviors, trauma, substance use disorders (SUDs), homelessness and related psychosocial problems, and conducting a research project within these areas
- Biological aspects of substance use and substance-related disorders and co-occurring problems (e.g., traumatic stress)
- Comprehensive biopsychosocial assessments, referral to appropriate treatment, and assessment of therapeutic and programmatic efficacy
- Assessment of therapeutic and programmatic efficacy
- Supervision of trainees
- Interface and collaboration with other disciplines through participation on interdisciplinary teams, consultation in a variety of venues, and making appropriate referrals
- Didactic training in homeless and SUD issues and appropriate treatment interventions
- Evidence-based treatments for SUDs, PTSD, homelessness, and related problems (e.g. motivational enhancement, CBT for relapse prevention, community reinforcement approach, CPT, DBT, housing first, critical time interventions, etc.)
- Pharmacotherapies for SUDs, including methadone, suboxone, naltrexone, acamprosate, disulfiram
- Unique concerns of special populations (e.g. OIF/OEF, women, serious mental illness, dual diagnosis, etc.)
- The role of multiple identities in formation of worldview, therapeutic alliance, and choice of appropriate intervention for Veterans who are homeless and/or have a SUD (i.e., multicultural competence)
- Program management/leadership
- Resources and services available for disenfranchised Veterans
- Special ethical and legal issues working with homeless and SUD populations

*"I had an amazing experience on postdoc here at the VAPAHCS. I worked in unique treatment settings, got individualized supervision, and was supported in working independently while still engaging in training opportunities. The population is diverse in many respects and the settings are unique, unlike many in the private sector. There are opportunities to practice in various residential programs as well as the outpatient program, which provides a well-rounded training year. With this largely dually diagnosed population, you not only strengthen your skills in substance use treatment and homeless rehabilitation, but also evidence-based practices for many co-morbid conditions." ~Recent postdoctoral fellow*

Couples/Family Systems focus area competencies are derived from competencies developed and described by APA Division 43 – Society for Family Psychology. This focus area involves training in the following competency areas:

- Natural systems theories



## Introduction and Program Overview

- Methodology of assessment of couples and family systems, including family dynamics, relationship patterns, and family strengths
- Empirically-supported and evidence-based treatments in marital/couples therapy and parenting skills training; family therapies and family psychoeducation
- Other treatment interventions such as specific psychotherapy interventions for couples and families and other treatment considerations such as issues providing services to family members in specific settings
- Prevention and crisis intervention
- Impact of family violence and trauma on individual and system functioning
- Special ethical and legal issues related to family functioning and couple/family treatments
- Outcome and process research relevant to clinical practice, such as assessment of therapeutic and programmatic efficacy
- Interface with other disciplines, including referrals, consultation, and participation on teams

*My experience as a postdoctoral fellow at VA Palo Alto was truly enriching. I received the clinical, research, and teaching opportunities I needed to facilitate my professional growth, which ultimately led me to accept a tenure-track faculty position that allows me to function in all three capacities. Throughout the training year, I was progressively given more freedom to take on a leadership role in the supervision team, which helped prepare me to supervise students in my role as faculty in a doctoral program." ~Recent postdoctoral fellow*

## Commitment to Diversity and to Developing Multicultural Competence

Our Psychology Training Program emphasizes the development of multicultural competence through both required and infused curricula, as well as a wide range of clinical experiences with diverse populations (see below for demographics of the VA Palo Alto patient population). Psychology Service also demonstrates its commitment in a number of ways to promoting a professional environment that is positive and supportive of cultural and individual differences and in which diversity is acknowledged and respected. Psychology Service and the Psychology Training Program are committed to promoting a professional environment that is positive and supportive of individual and cultural differences and in which diversity is acknowledged and respected. We are fortunate to live in a very diverse geographical region that is commonly regarded as open and accepting of diverse ethnic and racial backgrounds, religious/spiritual practices, gender presentations and identities, and sexual orientations. We aim to reflect that level of respect and acceptance in the work environment. Specifically, Psychology Service and the Psychology Training Program actively seeks to maximize representation of different backgrounds on all committees or other professional subgroups, and to ensure that staff from different backgrounds are in visible leadership positions, participate in training-related activities, and involved in the hiring process. We believe that such visibility demonstrates to Psychology trainees, and to current and prospective staff, that the Service actively supports the professional development of staff and trainees from diverse backgrounds. Finally, Psychology Service expects staff to be dedicated to the ongoing process of maintaining multicultural competence across their professional activities. Psychology Service supports such continuing education by sponsoring and organizing several recent CE conferences and workshops on various diversity topics as well as on issues in multicultural supervision.

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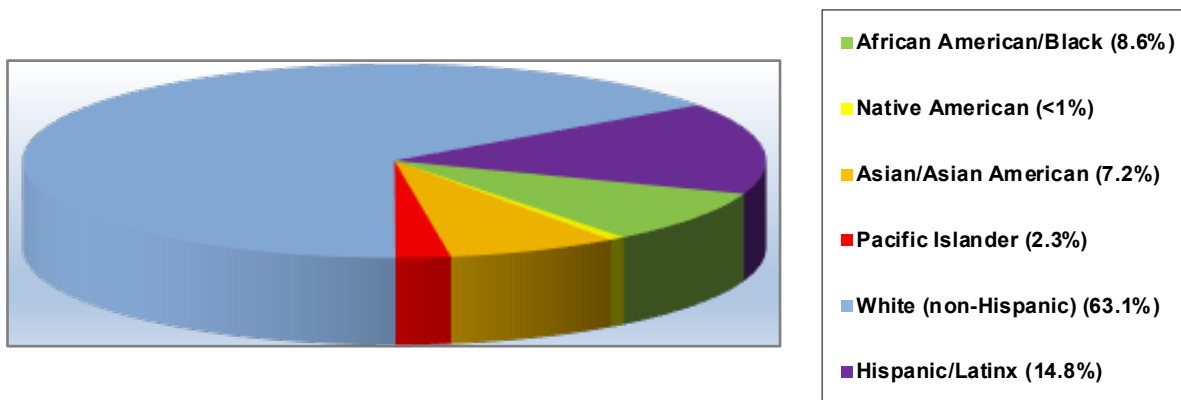
Psychology Service has a strong history of retaining staff and supervisors for many years, including supervisors from diverse backgrounds, reflecting a positive working environment for all staff and trainees. Currently, 34% of Psychology postdoctoral supervisory staff self-identify themselves as being from ethnic minority backgrounds; 75% are cisgender female and 25% are cisgender male. In addition, 10% of supervisory staff are openly gay, lesbian, or bisexual. Of the postdoctoral fellows training in the Psychology Postdoctoral Fellowship Program in the last 10 years (N=96), 40.6% self-identify as coming from ethnic minority backgrounds and 5.2% self-identify as lesbian, gay, bisexual, and/or queer. The majority of recent Fellows have been cisgender female (87.5%), with a smaller number of individuals identifying as cisgender male (12.5%) and transgender male (1.1%).

The postdoctoral seminar devotes a significant section of the seminar series to directly addressing multicultural competence and diversity issues, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address multicultural competence and diversity issues in each rotation and during the course of supervision. The postdoctoral program also takes seriously the support of Fellows' professional development with regard to ethnic identity, sexual orientation, gender, disability, and other significant identifications. Towards this goal, our diverse supervisory staff is available for mentoring of Fellows from a wide range of backgrounds.

### Opportunities to Work with Diverse Populations

VA Palo Alto serves an ethnically diverse population of Veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation's recent military conflicts. While most of the patients are cisgender male, VA Palo Alto has specific women's mental health programs drawing cisgender and transgender female Veterans and active-duty personnel from around the nation. Female patients now account for approximately 10% of the VA Palo Alto patient population. While accurate numbers of transgender Veterans are not available, VA Palo Alto has specific medical and mental health services for transgender male and female Veterans. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless Veterans. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic/racial backgrounds in the pie chart below. There are many rotations which serve a larger proportion of patients from ethnic minority backgrounds, and several focusing specifically on women's mental health.

**VA Palo Alto Demographics**



### Multicultural/Diversity Committee

Psychology Service operates a Multicultural/Diversity Committee (including staff, interns and postdoctoral fellows) which discusses, evaluates, and works to improve the efforts of the training program in recruitment and retention of diverse trainees and staff and the training and education of trainees and staff in multicultural competencies. The Psychology Training Program Multicultural/Diversity Committee is an active and diverse community that enacts initiatives to address the needs of the training program and staff, including

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workshops, conferences, clinical consultation, and social gatherings. In recent years, the committee has developed and implemented/co-implemented several workshops and conferences on multicultural competence in clinical supervision, competence in working with LGBT Veterans, understanding microaggressions in clinical practice and supervision, and multicultural competence for interdisciplinary teams. Recent projects include implementing a Diversity Mentoring Program for interns and postdoctoral fellows, facilitating a discussion forum with VA mental health providers on experiences of gender, sexism, and sexual harassment, and developing and distributing practical guidelines for supervisors in addressing issues of individual and cultural diversity in supervision. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.

The **Diversity Mentoring Program** offers interns and fellows the opportunity to discuss diversity-related issues with established VA Palo Alto staff psychologists and training alumni. Potential mentors include current psychology staff members and VA Palo Alto psychology alumni currently working in clinical or research staff positions at other institutions. Participation in this program is optional, private, and non-evaluative. The purpose of this program is to provide a safe, non-judgmental place for interns and fellows to discuss diversity-related issues including topics such as:

- adjusting to working with Veterans
- managing/responding to micro-aggressions
- discussing aspects of identity and intersectionality (e.g., race, ethnicity, gender, sexual orientation, etc.)
- managing work-life balance, including personal choices impacting career decisions
- professional development related to diversity concerns
- experiences of working in the VA, including environment, political climate, and other concerns

The arrangement between the mentor and Fellow is meant to be informal and flexible and structured according to the needs and interests of the Fellow. The mentor match is made at the start of training. Mentor-mentees are expected to meet (by phone/video or in person) at least once per month throughout the training year(s).

## Trainee Self-Disclosure in Training and Supervision

In the APA Code of Ethics (2010), APA described what a program can reasonably expect of students in training regarding personal disclosure. Because this clause is particularly relevant for clinical training programs, such as our internship and postdoctoral programs, we have reproduced this ethics clause and discuss how we approach this issue in our training program:

*7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.*

We fully endorse the spirit of the clause, believing that trainees should not be forced to reveal more personal information than they feel ready to process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self-disclosure is an important part of the training experience and serves at least two important purposes. First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee's internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general competencies expected in

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our program, especially those described under the category of Professionalism, include some particularly relevant to this new ethics clause, e.g.:

- Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.
- Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.
- Demonstrates knowledge of self and the impact of self on the conduct of therapy, within the theoretical perspective being utilized.

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify, utilize, and control feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists. We believe it is important that supervision be a place where the Fellow (or other trainee) is assisted to explore and understand the qualities and experiences that they bring to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that Fellows and other trainees will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, other Psychology staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the Fellow is given time to develop a safe and effective working relationship with the supervisor. This work should occur such that the underlying APA philosophy is respected. Fellows should not be required or forced to divulge information that is not relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.

## Training Considerations During the COVID-19 Pandemic

In the San Francisco Bay Area, there are currently county-by-county health orders including those requiring use of face coverings indoors (Santa Clara County Public Health, [8/2/2021](#)). Under previous pandemic shelter-in-place orders since 3/17/2020, health care workers (including VA Palo Alto interns and fellows) were considered “essential workers” and allowed to travel to work. You can see the VA Palo Alto COVID updates and details of our county public health orders at links below. Given the uncertain and dynamic nature of the COVID-19 pandemic, we do not know whether and how the 2022-2023 year will be impacted. The information below is provided to show you the current impact of the pandemic and how we have modified training to protect your health and safety as well as meet your training goals.

### VA Palo Alto COVID-19 Current Operating Status:

<https://www.paloalto.va.gov/emergency/index.asp>. Since March 2020, we have been fortunate that we have had relatively low numbers of COVID-19 patients hospitalized in our facility. You can see current and total patient and employee cases at any VA facility at this website, including at Palo Alto: <https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>. VA Palo Alto is maintaining universal masking at this time, meaning that anyone who enters our campuses is required to wear a mask on VA property, including patients who have outpatient appointments. All screening checkpoints are ensuring that patients and their caregivers have a mask, or are provided a mask if they do not have one. VA Palo Alto is committed to providing all necessary PPE for its employees and trainees, as well as providing a hygienic work environment. You will also be provided FDA-approved medical masks for use at work (one per day). You will also be issued a plastic face shield for your use, if needed in your training setting. Training settings will also provide cleaning supplies to sanitize your work areas. As of August 2021, all VA employees, including Health Professions Trainees such as interns and fellows, are required to be vaccinated by 10/7/2021, or within 8 weeks of beginning VA employment, or have filed an

## Introduction and Program Overview

exemption (medical or religious). Finally, when under shelter-in-place orders, you are required to have your PIV ID badge when traveling to and from work to verify your standing as an essential government healthcare worker.

**Santa Clara County COVID-19 Website:** [Novel Coronavirus \(COVID-19\) - Emergency Operations Center - County of Santa Clara \(sccgov.org\)](https://www.sccgov.org/newsroom/covid-19/emergency-operations-center)

### Modifications to Training:

The orientation of interns and fellows will be a combination of virtual and in-person orientation and will include a discussion of COVID-19 including information about how health and safety are maintained at VA Palo Alto. All new interns and fellows will complete telehealth TMS trainings during their first week, and Psychology Service will prepare ad hoc telework agreements for each intern and fellow to allow the training program the most flexibility in arranging training during the year. Trainees will not be providing services to patients with known COVID; these patients are treated in two separate, isolated medical units on the Palo Alto campus. Please note the following:

- The VA campuses have limits on patients or other members of the public visiting. All employees and visitors must wear a mask in all public areas on campus as part of our universal masking policy, and are expected to follow social distancing guidelines (6-foot distance from others).
- All outpatient clinics stopped seeing patients in person in March 2020, providing services only via telehealth (telephone or video when possible). As of June 2021, outpatient clinics are permitted to increase to 70% in-person capacity, and patient preferences to be seen in person must be accommodated. For most outpatient settings at the onset of the 2021-22 training year, it is possible some psychology trainee patient encounters will be in-person and some by phone or video. As these public health guidelines change, we will continue to have collaborative discussions with trainees regarding these matters and, as much as possible, will take into account individual trainee circumstances in the provision of in-person patient care.
- In residential or inpatient settings, as public health guidelines permit, patient contacts may be conducted in-person or through telephone or video visits. The Polytrauma System of Care and the Spinal Cord Injury Center will continue to have in-person care with all necessary health and safety precautions as they have done throughout the pandemic. The SCI Center has required regular COVID testing for trainees in SCI rotations.
- Some inpatient medical units with very vulnerable patients (e.g., CLC/nursing homes, hospice unit) have operated with limited in-person staff and trainee contact with patients. Psychology trainees have been allowed on the CLC units to provide in-person care with necessary health and safety precautions, including required COVID testing.
- All trainees will continue to receive the required hours of weekly supervision (individual and group in-person or video is preferable, telephone only when needed). Psychology trainees should expect routine supervisory observation using in-person or telehealth modalities, as well as co-treatment with supervisors and other licensed mental health staff.
- All didactics and seminars are currently held remotely. Any future in-person seminars will be planned with appropriate social distancing.
- Currently, in-person team meetings or group supervision may occur with 6 or fewer people and only with appropriate social distancing; otherwise, video or telephone conferencing is being used.

The training program will develop an individualized plan for each intern and fellow which may range from full-time on-site work, part-time telework, or full-time telework with remote access from home which can include telehealth, didactics, individual and group supervision, team meetings, clinical documentation, and other projects in line with their training goals. Telehealth from VA or from home will occur with supervision and provision of clinical services as appropriate to clinical setting, supervision plan, and trainee's level of training. Telework plans will be made collaboratively with supervisors with discussion of the pros/cons of different arrangements, the range of what is possible, and how other trainees and staff have made these decisions. Note that these arrangements will differ by training setting and trainee circumstances, and can change over time.



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All psychology trainees are expected to communicate with their supervisors regularly regarding health and safety concerns and issues. Trainees with exposure to a person with COVID and/or experiencing potential COVID symptoms or should not report to work and follow CDC guidelines for self-quarantine or self-isolation. All trainees should inform Occupational Health if they are diagnosed or tested positive for COVID-19, or who are exposed to a person with COVID, to allow for contact tracing of all potentially exposed staff and patients at VA. If possible, we ask that the trainee gets promptly tested and does not return to work until a confirmed negative test, or what the current CDC guidelines recommend at that time. See below for the current (August 2021) guidance from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html#:~:text=You%20should%20stay%20home%20for,after%20exposure%20to%20the%20virus.>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

See the websites below for information about free COVID-19 testing sites and information about obtaining the COVID-19 vaccine, including multiple free drop-in vaccination clinics in Santa Clara County :

<https://www.sccgov.org/sites/covid19/Pages/covid19-testing.aspx>

<https://covid19.sccgov.org/covid-19-vaccine-information>

*"My training experiences at the VA Palo Alto have been amazing experiences that I will treasure for years to come. Supervisors are exceptionally skilled clinicians and researchers who served as wonderful models of what psychologists and supervisors should be. My training experiences formed a solid and nurturing foundation which supported my launch into my career." ~Recent postdoctoral fellow*

## Evaluation Process

Supervisors, Preceptors, and Fellows are expected to exchange feedback routinely as a part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Director of Training, Preceptor, and supervisors to ensure that formal evaluation occurs in a timely and constructive fashion, but Fellows are encouraged and expected to take an active role. Evaluation is a mutual process between Fellows, supervisors, Preceptors, and the training program as a whole. Fellows are encouraged to delineate their learning goals, to evaluate their progress at mid-rotation in terms of those original goals, to modify their goals as appropriate, and to plan for attaining these goals during the remainder of the rotation.

We have developed well-specified, measurable exit competencies for our two overarching training aims (i.e., general professional competencies, focus area competencies). For each clinical setting/experience in the Fellow's training plan, supervisors complete both mid-rotation and end-of-rotation evaluations. Mid-rotation evaluations provide an opportunity for mid-course corrections, while end-of-rotation evaluations are a chance to reflect on overall progress that was made. At the end of each rotation, the Primary preceptor evaluates the Fellow's overall progress toward reaching the general professional competencies and the focus area competencies, based on feedback from supervisors and on their own experience working with the Fellow. If any supervisor notes a problem that could affect successful completion of the Fellowship, Due process procedures are in place to work towards resolution of the problem if possible. The Due process procedure is reviewed in detail with Fellows during orientation at the start of the year. For a copy of our complete Training Manual, including evaluation processes, due process and grievance procedures, and record-keeping policies, please email the Director of Postdoctoral Training at [jessica.lohnberg@va.gov](mailto:jessica.lohnberg@va.gov).



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### Application and Selection Process

Selection of Fellows is done by the Postdoctoral Committee (consisting of the Director of Postdoctoral Training, the Postdoctoral Coordinator, and the Preceptor from each focus/specialty area), with input from the staff in each focus area, using the following criteria (not in priority order):

- Breadth and quality of previous general clinical or counseling training experience
- Breadth, depth, and quality of training experience in the specific focus area
- Quality and scope of scholarship, as indicated partially by research, convention papers, and publications
- Relationship between clinical and research interests/experience of the applicant
- Evidence of personal maturity and accomplishments
- Thoughtfulness of answers to the application questions
- Goodness of fit between the applicant's stated training and professional goals and the resources of the training program and medical center
- Strength of letters of recommendation from professionals who know the applicant well

The Fellowship program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities.

Information about required application materials and the selection process can be obtained by contacting the Postdoctoral Coordinator, William Faustman, Ph.D., preferably by email at [William.Faustman@va.gov](mailto:William.Faustman@va.gov) or at (650) 493-5000 x64950. The fellowship brochure is updated in the fall of each year and may be viewed or downloaded on the VA Palo Alto Psychology Training website at [Internships And Fellowships | VA Palo Alto Health Care | Veterans Affairs](#). In order to apply to our fellowship program, you must submit all the required application elements listed below via the APPA CAS system at <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login> by the due date. **All application materials must be received by us on or before Tuesday, December 28, 2021 (Note that the Rehabilitation Psychology and Clinical Neuropsychology Specialty Fellowships have earlier application deadlines and a separate brochure on the website).** Incomplete applications will not be read by the Selection Committee.

Application elements from you (#1-4) should be submitted via the APPA CAS system by you. Letters from your recommendation letter writers (#5) should also be submitted by your letter writers via the APPA CAS system. We recommend that all files uploaded as Microsoft Word or Adobe Acrobat files. Please do not email any application materials or mail any materials in hard copy form.

#### **Application Requirements List:**

- 1) A 2-3 page cover letter that follows these instructions. Please review this Psychology Postdoctoral Training Program Brochure which describes the aims of postdoctoral training at Palo Alto, training opportunities, and the advanced general professional competency domains and the competency domains for each focus area. **If you are applying in more than one focus area, you may submit separate cover letters.** In your letter, please include:
  - a) A summary of your previous educational, research, and clinical experience with attention to the advanced general professional competency domains and the specific competency domains for the focus area to which you are applying.
  - b) Your training needs and goals related to these general and focus area domains.
  - c) Specific clinical settings/experiences at VA Palo Alto that you feel would help you reach your goals.
  - d) Research/educational project ideas you want to pursue during the Fellowship year.

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- e) Your career goals.
- 2) Curriculum Vita
- 3) One de-identified clinical work sample, such as a treatment summary or an assessment report, or other work sample, such as a published manuscript on which you are first author or other written product that highlights your work relevant to the focus area.
- 4) Transcripts from all graduate programs attended.
- 5) Three letters of recommendation from faculty members or clinical supervisors who know your clinical as well as your research work well. Letter writers should upload an electronic copy to the APPA CAS system, and this will be considered an official “signed” copy. We encourage letter writers to submit documents as Microsoft Word or Adobe Acrobat files.

Following receipt and review of these materials, a select number of applicants will be invited to interview virtually, in January and February. We will follow APPIC Postdoctoral Selection Guidelines for making fellowship offers for all focus areas except for Clinical Neuropsychology Specialty Fellowship. We plan to make **initial fellowship offers by telephone on the Uniform Notification Date of Tuesday, February 22, 2022**. We will also consider making reciprocal offers should candidates receive verifiable postdoctoral offers from other programs prior to the Uniform Notification Date.

## Postdoctoral Admissions, Support, and Initial Placement Data Tables

### Postdoctoral Program Admissions

**Date Program Tables are updated: 9/15/2021**

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on postdoctoral selection and practicum, internship, and academic preparation requirements:**

The VA Palo Alto Health Care System provides training consistent with the scientist-practitioner model of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992). Our training program is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. The mission of the VAPAHCS Psychology Postdoctoral Training Program is to train psychologists who meet advanced general profession-wide competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary aim of the postdoctoral program is for Fellows to develop the full range of professional skills required for independent functioning as a psychologist, including skills involved in science-practice integration; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional skills.

**Describe any other required minimum criteria used to screen applicants:**

Our program fits best with postdoctoral fellows who have been trained as scientist-practitioners or clinical scientists at the graduate level, and have professional interests and internship experiences consistent with the focus area to which they are applying

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### **Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Residents	\$56,519
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for resident?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	192
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes

Other Benefits (please describe): With satisfactory progress toward training goals, professional leave consistent with psychology staff may be approved for attendance at, and travel for, educational activities outside the medical center, including conferences, workshops, and professional meetings; relevant clinical research opportunities; job talks and interviews; and military leave. Up to \$1000 per year can be approved for reimbursement of conference attendance registration and other educational course fees. Basic life insurance, free parking, and available public transit subsidy benefit. For more details on VA benefits, see <https://www.psychologytraining.va.gov/benefits.asp>.

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

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### Initial Post-Fellowship Positions

	2017-2020
Total # of fellows who were in the 3 cohorts	30
Total # of fellows who remain in training in the fellowship program	0

	PD	EP
Community mental health center	0	2
Federally qualified health center	0	0
Independent primary care facility/clinic	0	1
University counseling center	0	1
Veterans Affairs medical center	5	10
Military health center	0	0
Academic health center	0	1
Other medical center or hospital	0	0
Psychiatric hospital	0	1
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	8
Not currently employed	0	0
Changed to another field	0	0
Other	0	1
Unknown	0	0

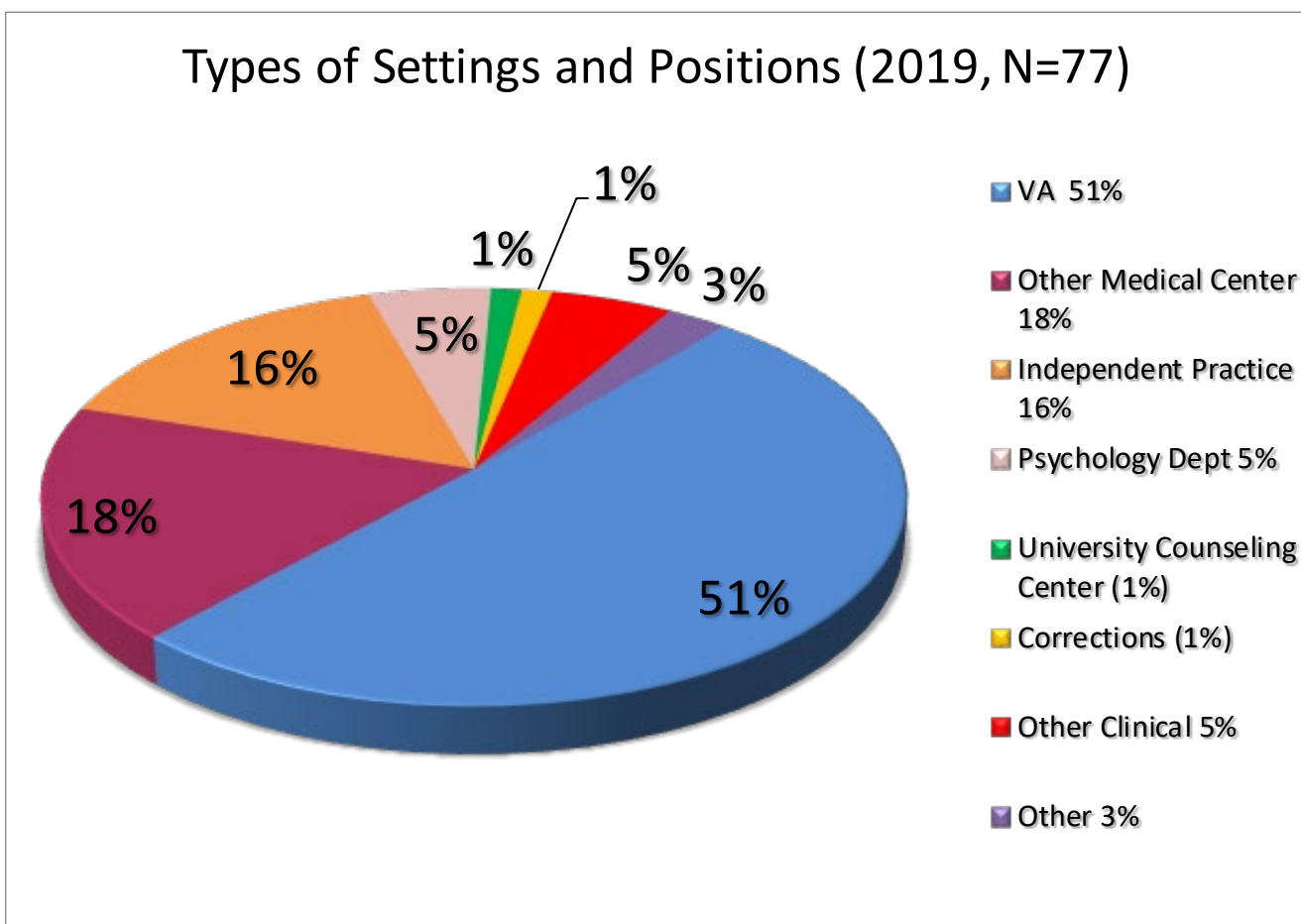
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## Introduction and Program Overview

### Professional Outcomes for Former Postdoctoral Fellows

#### Where do VA Palo Alto Fellows Go?

VA Palo Alto postdoctoral fellows choose a wide range of professional positions and work settings. Consistent with the table above, 69% of postdoctoral fellows over the past 10 years have gone on to professional positions within medical centers. The majority of these are working in the VA health care system (74%) and 26% are working in academically-affiliated medical centers, medical schools, or other medical centers. See below for additional information about professional employment outcomes for former fellows. Ninety-six percent of the fellows from the 2010-2018 graduating years have obtained professional state licensure. Several former fellows have attained ABPP Board Certification in a specialty area of practice (6.5%; Clinical Health, Clinical Geropsychology, Clinical Neuropsychology, Rehabilitation Psychology) and several more are in the process of board certification.



\*Other Clinical Positions include community mental health and clinical contracting services. The Other category includes digital health, program development/evaluation, and consultation.

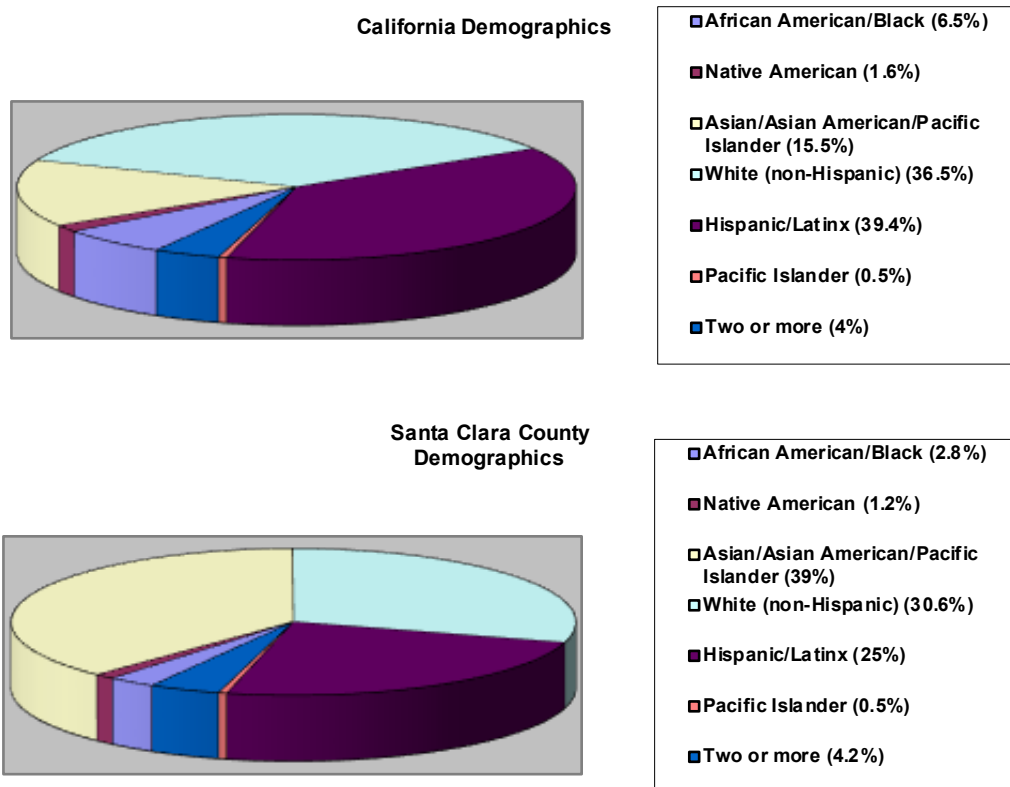
## Introduction and Program Overview

### Living in the San Francisco Bay Area

The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University, UC San Francisco, and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies such as Google, Apple, LinkedIn, Zoom, Intel, Hewlett-Packard, Facebook, Twitter, Uber, Netflix, 23andMe, eBay, Nest, and YouTube, the Bay Area is one of the most culturally, intellectually, and economically dynamic areas of the country. Palo Alto is located on the San Francisco Peninsula about 35 miles south of San Francisco, which is referred to as “The City” and is the cultural center of the Bay Area.

The Bay Area has three major airports (San Francisco International, San Jose Mineta International, and Oakland), as well as an extensive freeway system. Public transportation on BART (Bay Area Rapid Transit) and local bus systems connect the cities and suburbs of the Bay Area, though most residents drive themselves. Housing for renters and homebuyers is one of the most expensive in the country.

The Bay Area is the fifth most populous metropolitan area in the United States, with high levels of international immigration. Palo Alto is part of Santa Clara County which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, thirty-nine percent of the people living in Santa Clara County were born outside the U.S. There are 51,472 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved August 10, 2021, from <https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216> and <https://www.census.gov/quickfacts/fact/table/CA/PST045216>).



The region has a lot to offer, making the Bay Area one of the most desirable places to live in the country – mild weather, beaches, mountains, and open space perfect for outdoors enthusiasts, a thriving business and technology sector, and excellent universities and academically-affiliated medical centers providing resources for intellectual and scholarly activities. Visitors and residents alike can enjoy the diversity of



## Introduction and Program Overview

social and cultural attractions, such as museums, cultural events, top-rated restaurants, and wineries in the Napa and Sonoma Valleys. In addition to easily accessible outdoor recreation areas for skiing, surfing, hiking, and biking, sports fans can follow the many Bay Area professional sports teams (SF Giants, SF 49ers, Oakland A's, Golden State Warriors, San Jose Sharks) and college teams (Stanford, UC Berkeley).



Most Fellows live within a 30-40 minute drive to Palo Alto, with the majority of Fellows living in towns on the west side of the San Francisco Bay (e.g., San Mateo, Redwood City, Menlo Park, Palo Alto, Mountain View, Sunnyvale, Santa Clara). Some Fellows choose to live in San Francisco to take advantage of the urban lifestyle available in the city. Fellow classes have often been enthusiastic about planning get-togethers as well as periodic day trips and holiday parties. During the pandemic, there have been many outdoor dining and activities available, and Fellows have taken advantage of these as well as virtual get-togethers (e.g., game nights).

Given the great weather, abundance of natural beauty, strong academic and business environment, cultural diversity, and lots of high-paying jobs, many people want to live in the Bay Area but can find it challenging to afford living here. The cost of living is much higher than most of the rest of the country, with some estimates of between 60-90% higher than anywhere excluding other expensive urban areas such as New York, Boston, Washington DC, Los Angeles, or Seattle. While many essentials such as groceries, clothing, gas, and utilities can be only slightly to somewhat higher, the biggest difference is the cost of housing (renting and buying). In considering moving to the Bay Area, you can explore a useful resource to compare the cost of living at: <http://www.bankrate.com/calculators/savings/moving-cost-of-living-calculator.aspx>. Interns and postdoc fellows living in the Bay Area have used the following strategies to cope with the high cost of living: careful budgeting, living with others to reduce the cost of housing (e.g., sharing housing with friend, partner, family member, or housemate), or utilizing savings, and (to lesser extents) accessing family financial resources or taking out additional loans.

Please see the below websites for more information about the local area:

*Palo Alto*

[www.cityofpaloalto.org/](http://www.cityofpaloalto.org/)

*Stanford University*

[www.stanford.edu/dept/visitorinfo/](http://www.stanford.edu/dept/visitorinfo/)

*Monterey Bay National Marine Sanctuary*

[www.montereybay.noaa.gov/](http://www.montereybay.noaa.gov/)

*California travel; click on San Francisco Bay Area*

[www.visitcalifornia.com/regions](http://www.visitcalifornia.com/regions)

*Bay Area news and information*

[www.sfgate.com/](http://www.sfgate.com/)

## Introduction and Program Overview



The VA Palo Alto Postdoctoral Fellowship program values practicing balance in one's professional and personal life, which our supervisors strive for and hope to be good models for our fellows. If you come to VA Palo Alto for fellowship, we hope you will have many opportunities to explore and enjoy living in this great area!



## Introduction and Program Overview

### Contacting Psychology Service

Psychology Service is open for business Monday through Friday, 8AM - 4:30PM Pacific Time, except on Federal holidays. The Psychology Training Program can be reached at the following address and contact information:

Psychology Training Program (116B)  
VA Palo Alto Health Care System  
3801 Miranda Avenue  
Palo Alto, CA 94304  
Telephone: (650) 493-5000, x65476  
Fax: (650) 852-3445  
Email: [Jessica.lohnberg@va.gov](mailto:Jessica.lohnberg@va.gov) (Acting Director of Postdoctoral Training)  
Website: [Internships And Fellowships | VA Palo Alto Health Care | Veterans Affairs](#)

Thank you for your interest in our program. Feel free to be in touch with the Postdoctoral Coordinator [William.Faustman@va.gov](mailto:William.Faustman@va.gov) and/or the Director of Training if you have additional questions.



Jessica Lohnberg, Ph.D.  
Acting Director of Postdoctoral  
Training



William Faustman, Ph.D.  
Postdoctoral Coordinator

The VA Palo Alto Health Care System Psychology Service has an APA-accredited internship program and an APA-accredited postdoctoral program. The [APA Office of Program Consultation and Accreditation](#) can be reached at the American Psychological Association, 750 First St. NE, Washington DC 20002; phone number (202) 336-5979; email [apaaccred@apa.org](mailto:apaaccred@apa.org); website [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation).

*Reviewed by:* Jessica Lohnberg, Ph.D.  
*Date:* 9/15/2021

### Focus Area Descriptions

#### Behavioral Medicine Focus Area Training

**Fellowship Training Goals:** The Behavioral Medicine focus area training is designed to help the new Ph.D./Psy.D. attain both general advanced practice competencies and competencies in Behavioral Medicine. The fellow should have good clinical skills and experience with a variety of Behavioral Medicine cases. At the same time, the fellow should be actively involved in applied research or program evaluation. Should there be a gap in the fellow's training, we would expect the fellow to use part of the postdoctoral year to get clinical training they may have missed. We expect the fellow to be competent to diagnose the following disorders: substance use disorder, anxiety, depression, psychosis, personality disorder, cognitive impairment, and somatic symptom disorders, and to have training in an evidence-based treatment for anxiety and depression. Fellows should also be able to intervene with personality disorders and some substance use problems including tobacco use disorder. The fellow should function well with staff from other disciplines. Fellows will get experience in multiple specialty clinics such as Pain Clinic, MOVE TIME (intensive weight management/bariatric surgery), Liver Clinics, Oncology/Hematology Clinics, and Andrology Clinic. The fellow is also expected to complete a research activity or program evaluation/development project. Ideally, this project will be applied in nature and be designed to inform clinical practice. Finally, the fellow should get experience conducting supervision. In addition to supervising an intern and/or practicum student with staff psychologist oversight, the fellow will participate in the Postdoctoral Fellow Seminar that places a great emphasis on supervision.

The Behavioral Medicine Program at VAPAHCS received the *Excellence in Training Award* from the Society of Behavioral Medicine in 2012. This is the first VA program to have received this honor.

**Who we work with:** We work with a variety of health care providers from other disciplines. The members of each team vary by clinic, but almost always include physicians and/or nurse practitioners and nurses. The physicians may be attending physicians, fellows, or residents. Other providers in a medical clinic may include nurses, registered dietitians, physical therapists, pharmacists, and social workers.

**Supervision:** Supervision is a minimum of four hours per week. There are at least two hours of face-to-face supervision provided by the preceptor/supervisor. Additional, often impromptu, individual sessions are scheduled as needed. Supervision also includes group supervision, observing the fellow's therapy, reviewing patients prior to clinic, doing co-supervision of an intern, and discussing the fellow's research/evaluation project. The content of supervision sessions may include, but is not limited to, review of the fellow's cases, problems the fellow identifies, and personal issues related to clinical work or professional development.

Our orientation is integrative in nature. Cognitive-behavioral approaches are fundamental to modern clinical health psychology. The experience of major illness raises many issues about what is meaningful in a patient's life and how family and others' reactions to the patient's disease can be understood. Thus, we believe that systems, interpersonal, acceptance-based, and existential approaches contribute significantly to clinical health psychology. Our job is to sort out such divergent orientations in a productive and flexible way.

**Supervisors: Jessica Lohnberg, Ph.D.**

**Priti Parekh, Ph.D.**

**Lianne Salcido, Psy.D.**

**Chantel Ulfing, Ph.D.**

**TBD**



## Focus Area Descriptions

**Seminar:** We have a Behavioral Medicine Seminar that meets each week for 1.5 hours. It is designed for interns, and the fellow is expected to help with the teaching. It starts the first week interns are on service and usually ends in late May. The early topics deal with how to function in a medical setting, including assessing lethality, how psychiatric symptoms can be manifest by medical illness and medication, abbreviations used in charts, how to negotiate the hospital computer system, and how to write progress notes and answer electronic consults. We also provide instruction in neuropsychological screening and how to function on interdisciplinary teams. Later we move on to seminars on medical problems such as: pain, diabetes, cancer, obesity, bariatric surgery, tobacco dependence, hepatitis, organ transplantation, sleep disorders, visual impairment, sexual dysfunction, cardiology, medical adherence, irritable bowel disease, and death and dying. The postdoctoral fellow is expected to teach at least four seminars.

**Pace:** Relative to interns and staff, the postdoctoral fellow has more latitude in how they spend time. However, the pace of behavioral medicine is moderate to fast, which we believe is representative of most clinical careers as a behavioral medicine psychologist.

### Behavioral Medicine Program (Bldgs MB3, 100, 5, PAD)

1. **Patient Population:** Medical and surgical patients from culturally diverse backgrounds.
2. **Psychology's role in the setting:** Provide consultation, assessment, and intervention to medical patients. Conduct applied research and program evaluation.
3. **Other professionals and trainees in the setting:** Medical Attending Physicians, Fellows, Residents, Clinical Nurse Specialists, Nurse Practitioners, Pharmacists, Social Workers, Registered Dietitians, Physical Therapists.
4. **Nature of clinical services delivered:** Psychological assessment and treatment of behavioral issues related to illness; treatment of anxiety, depression and other mental health conditions related to medical problems.
5. **Postdoctoral Fellow's role in the setting:** Provide consultation, assessment, and treatment to individuals and groups of patients; supervise individual intern or practicum student cases; lead Intern Group Supervision; teach part of the Behavioral Medicine Seminar; conduct research or program evaluation that informs clinical practice; manage/triage Behavioral Medicine Clinic consults.
6. **Amount/type of supervision:** One hour for every 10 hours worked. There are at least two hours of scheduled individual supervision, two hours of group supervision, as well as preparation time for clinics, observation of the fellow's therapy, consultation on their research project, etc.
7. **Didactics:** Postdoctoral Seminar, Behavioral Medicine Seminar
8. **Use of Digital Mental Health Tools:** Use of video telehealth-to-home technology for assessment and therapy sessions is an option for Veterans. Each intern office is outfitted with a webcam for telehealth services and video meetings. VA mobile applications may be used as a supplement to psychotherapies.
9. **Pace:** Moderate to fast pace, time is structured, down time when patients don't show for appointments.

**Patients:** Patients are typically men, approximately 10% are women. Most are older – age 50 and above. Racial/ethnic diversity includes Caucasians, Black or African Americans, Asian Americans/Pacific Islanders, and Latinx/Hispanics. Most have a high school education or more, but occasionally we see patients who have low literacy. Many patients have disabilities and may receive social security or VA compensation for an injury or illness. Many patients have served in combat or participated in demanding humanitarian missions. Rates of Post-Traumatic Stress Disorder are much higher than in the general population in both men and women Veterans. Often, patients referred to this program have had no prior psychological evaluation. Thus, differential diagnosis skills are often required.

**Who we are:** The Behavioral Medicine Clinic has been largely an outpatient service – although it is common to follow oncology patients who are admitted to the hospital. Behavioral Medicine orients many

## Focus Area Descriptions

of its activities around selected medical specialty clinics. The staff value research and use it to inform our clinical work.

**What we do:** Behavioral Medicine provides mental health and behavioral health services to specialty medicine and surgery clinics. The psychologist's role in a medical clinic varies based on clinic, but is often of a consultative nature, with brief interview assessments and/or the briefest of interventions with a patient who may not return for a month or more; the structure of some medical clinics allow for more in depth assessment and intervention. Patients who require weekly sessions can be referred to the Behavioral Medicine Clinic and seen there for more intensive treatment. Consultation/Liaison services are part of the duties. This requires the fellow have knowledge about other Palo Alto HCS mental health services. Assessment and interventions are provided for weight loss (obesity), pre-bariatric surgery assessment, chronic pain, adjustment to chronic illness, adjustment to terminal illness, tobacco cessation, medical adherence, insomnia, sleep hygiene, sexual functioning, stress management, transplant assessment, and diagnoses of anxiety, depression, substance use and personality disorders when they intrude into the medical problems or treatment. We value the scientist-practitioner model and use research that enhances our understanding of how to work effectively with patients.

**What the Fellow does:** The fellow has five tasks: a) continue clinical training, b) teach part of the Behavioral Medicine Seminar, c) develop and complete a research or program development/evaluation project, d) provide some individual supervision for interns and/or the practicum student, lead the Intern Group Supervision, and e) manage and triage incoming Behavioral Medicine Clinic consults and assist with patient assignments. The fellow has latitude with how they use their time. The plan for the year is developed in conjunction with the primary preceptor at the beginning of the year.

**Postdoctoral Fellows' Clinical Schedule:** Fellows may see patients in one of two settings: (1) patients referred to the Behavioral Medicine Clinic; and (2) patients in a medical/surgical specialty clinic currently covered by Behavioral Medicine staff (see focus clinic descriptions below). Fellows can choose to participate in several of the medical focus clinics throughout the fellowship year. Fellows also have the opportunity to participate in external rotations (i.e., outside of the Behavioral Medicine Program) in other medical or rehab programs, such as the Women's Health Psychology Clinic, Western Blind Rehabilitation Center, Cardiac Psychology Program, Whole Health Program, and Spinal Cord Injury Program. See below for a description of some of the available external rotation opportunities.

*\*For additional information regarding the Behavioral Medicine program and internship, please see our Behavioral Medicine track website brochure at: [Behavioral medicine track brochure \(PDF\)](#) or click on the Behavioral Medicine track brochure under the Internship Program descriptions at [Internships And Fellowships | VA Palo Alto Health Care | Veterans Affairs](#)*

### **Focus Clinics in the Behavioral Medicine Program/Rotation:**

**PAIN CLINIC:** Assessment and brief treatment of patients with chronic pain from a multidisciplinary perspective. From a Behavioral Medicine perspective, the focus in clinic is primarily on assessment with some brief intervention (e.g., sleep management, use of pacing, relaxation strategies) although there are opportunities for follow-up outside of clinic. Fellows gain familiarity with a broad range of pain syndromes and medical interventions, learn brief in-clinic psychological assessment/intervention with this population, gain skills in doing some pre-surgical evaluations (e.g., spinal cord stimulator placement), and learn strategies for integrating into a multidisciplinary team. Patients may be seen in-person or via telehealth.

*4 hrs/week; usually see 3-5 patients/week*

On-site Supervisors: Priti Parekh, Ph.D. & Chantel Ulfig, Ph.D.



## Focus Area Descriptions

### **HEMATOLOGY/ONCOLOGY CLINICS:**

Assessment and treatment (brief and longer-term) of patients diagnosed with Hematological and/or Oncological disorders/disease from a multidisciplinary perspective. For Fellows, the focus in clinic is on introduction of Behavioral Medicine services and distress screening, assessment for patients with identified behavioral medicine concerns, and conducting brief interventions (e.g., pain management, sleep hygiene, behavioral activation, relaxation strategies) or longer-term interventions (e.g., adjustment to life-threatening illness, addressing end of life issues) for patients at different timepoints along the illness trajectory. There are also opportunities for follow-up outside of clinic which include seeing patients while hospitalized and working with patients' family members. Fellows gain familiarity with a broad range of Hematological and Oncological disorders/disease, medical interventions, and related sequelae; learn brief in-clinic and longer-term psychological assessment/intervention with this population; and develop strategies for effectively integrating into a multidisciplinary team.

*4 hrs/week; usually see 3-4 patients/week*

On-site Supervisor: Chantel Ulfig, Ph.D.

### **MOVE TIME CLINIC (INTENSIVE WEIGHT MANAGEMENT AND BARIATRIC SURGERY):**

MOVE! is the stepped-care, nationwide VA program aimed at helping Veterans with overweight and obesity lose weight and improve comorbid health conditions. The MOVE TIME Clinic is an interdisciplinary intensive weight management clinic that includes psychologists, physicians, physical therapists, dietitians, surgeons, and often medical students or residents. The goal of the clinic is to provide intensive assessment and treatment for patients who continue to struggle with weight loss despite multiple attempts, and for patients who are medically/psychologically complicated. This clinic serves both patients within the VA Palo Alto HCS as well as patients from other VA hospitals in neighboring VISNs (e.g., from Montana, Idaho, Washington, Oregon, and Nevada). The patients are seen every 3-4 months and clinic appointments typically last 2-4 hrs. Most patients are considering bariatric surgery, but some come for medical management of obesity, including consideration of weight loss medications. The team works closely with the bariatric surgery team. Fellows will gain experience working on an interdisciplinary team and conducting assessments with new patients focused on the relationship between obesity and their psychological health. Fellows may also provide brief interventions for obesity, depression, anxiety/stress, sleep difficulties, and pain management. Fellows will also gain experience participating in the weekly interdisciplinary team meetings and with conducting triage and coordination of services with other members of the team and/or providers at other VAs. There is also an interdisciplinary journal club integrated into the clinic that provides the opportunity for Fellows to learn from and teach to providers from multiple disciplines. Fellows may also conduct pre-bariatric surgery evaluations, join the monthly bariatric team meeting, and observe a live bariatric surgery, if scheduling allows. Team meetings and clinical services may be done in-person, via telephone, and/or via telehealth.

*4 hrs/week; usually see 2-4 patients/week*

On-site Supervisors: Jessica Lohnberg, Ph.D. & Lianne Salcido, Psy.D.

**ANDROLOGY CLINIC:** Individual assessment and brief intervention for male patients experiencing difficulties with their sexual functioning from a multidisciplinary perspective. Fellows conduct assessments with patients in the clinic and provide consultation to the medical team and/or provide brief cognitive behavioral interventions to individuals or couples to improve sexual functioning (e.g. psychosexual education, cognitive restructuring, communication skills, stimulus control, squeeze technique, sensate focus, etc.). Fellows gain familiarity with various sexual difficulties in men across the life span and increase familiarity with medical interventions for male sexual dysfunction. Fellows will work closely with the clinic physician, and will learn strategies for integrating into a multidisciplinary team. Fellows who choose the Andrology Focus Clinic will also have the opportunity to do assessments for transgender Veterans prior to initiation of cross-sex hormone therapy during their time in the Andrology Clinic.

*4 hrs/week; usually see 2-3 patients/week*

On-site Supervisor: Lianne Salcido, Psy.D.

## Focus Area Descriptions

**LIVER CLINICS:** Individual assessment and brief intervention with patients in Liver and Liver Transplant Clinics from a multidisciplinary perspective. In the Liver Clinic, fellows work with patients diagnosed with alcoholic cirrhosis, non-alcoholic fatty liver disease, Hepatitis C, and other liver conditions, identifying psychological or behavioral factors that may interfere with effective management of liver disease and providing motivational interviewing (MI) interventions to target health behavior changes, such as reducing alcohol use, improving diet, or increasing medical adherence. Fellows assist patients with Hepatitis C to achieve psychosocial readiness for antiviral treatment and intervene as needed during treatment to assist with coping and adherence. In the Liver Transplant Clinic, fellows work with patients who are pre-liver transplant and those who have already undergone transplant, with goals of improving patients' psychological adjustment to and management of their medical condition. Patients in the liver clinics tend to have significant drug and/or alcohol histories. Assessments and interventions may therefore include MI and relapse monitoring and prevention strategies. Fellows learn how to work effectively within a multidisciplinary team.

*4 hrs/week; usually see 2-4 patients/week*

On-site Supervisor: Priti Parekh, Ph.D.

### **Contact:**

Jessica Lohnberg, Ph.D. (x67004), [jessica.lohnberg@va.gov](mailto:jessica.lohnberg@va.gov)

*Reviewed by:* Jessica Lohnberg, Ph.D.; Priti Parekh, Ph.D.;  
Lianne Salcido, Psy.D.; Chantel Ulfing, Ph.D.

*Date:* 8/31/20; 9/17/21; 9/14/21

## **External Rotations Available in the Behavioral Medicine Postdoc Focus Area:**

The rotations listed below are available as elective external rotation opportunities for Fellows in the Behavioral Medicine Focus area.

### **Women's Health Psychology Clinic (Building 5, 2<sup>nd</sup> Floor, PAD)**

**Supervisor: Dorene Loew, Ph.D.**

**TBD**

**Patient Population:** Self-identified women Veteran medical and mental health patients from culturally diverse backgrounds.

**Psychology's role:** Triage, treatment planning, assessment, individual psychotherapy, opportunities for collaboration with primary care behavioral health psychiatrist, collaboration with medical providers, and consultation to interdisciplinary Women's Health Pain Clinic team.

**Other professionals and trainees:** Attending Physicians, Attending Psychiatrist, Medical trainees (medical students, interns and residents), Primary Care Behavioral Health Psychologists, Psychology Technician, Nurse Practitioners, RNs, LVNs, Pharmacists, Physical Therapists, Dieticians, Social Workers, Clerical Staff.

**Nature of clinical services delivered:** Clinical services provided range from brief behavioral health interventions and/or problem-solving sessions, to 8-12 sessions of psychotherapy focused on meeting specific goals identified during assessment. Bibliotherapy, integration of technology and referral to specialty mental health are utilized.

**Postdoctoral Fellow's role in the setting:** Triage, assessment, treatment planning, psychotherapy, consultation to interdisciplinary team. Consultation opportunities in Oncology Clinic and Women's Chronic Pain Clinic.

## Focus Area Descriptions

**Amount/type of supervision:** Minimum of one hour of individual supervision plus “on the fly” supervision during triage.

**Pace:** Moderate pace. Progress notes and triage assessments should be drafted within 24 hours. Evaluations should be written within one week of initial meeting.

**Use of Digital Mental Health tools:** Encourage and support use of VA mobile apps as an adjunct to treatment/psychoeducation, as appropriate.

Women’s Health Psychology (WHP) can be conceptualized as a hybrid of Primary Care Behavioral Health, Behavioral Medicine, and Women’s Mental Health. The clinic is co-located in the Women’s Health Center (which includes the General Medical Clinic for women) to address barriers to mental health treatment engagement among women Veterans. Via “warm handoffs” initiated by the patients’ primary care providers we increase the likelihood that patients will engage in care and as warranted, facilitate the transfer of patients requiring higher level treatment to the Women’s Counseling Center (WCC) or Mental Health Clinic (MHC). The WHP psychologist’s primary responsibilities can be summarized as detection, prevention, and stabilization. *Detection:* We provide follow-up to positive alcohol, depression, IPV, and PTSD screenings administered in the primary care clinic and respond to referrals from primary care providers. *Prevention:* We offer primary or secondary prevention interventions to stave onset or forestall worsening of mental health disorders and/or medical conditions. We administer brief behavioral health interventions targeting unhealthy behaviors such as overeating, smoking, sedentary lifestyle, and poor sleep hygiene to promote wellness among our patients. *Stabilization:* We offer evidence based psychotherapies to help stabilize patients with acute psychiatric issues, such as PTSD, depression, and anxiety disorders. We refer to Women’s Counseling Center or Mental Health Clinic (MHC) following or concurrent with treatment in our clinic, if it is determined that the patient requires a higher level of care.

Individual treatment, ranges from very brief behavioral health-oriented interventions (2-4 sessions) to 8-12 sessions of evidence-based psychotherapies such as CBT, CPT (Cognitive Processing Therapy) Prolonged Exposure (PE), Acceptance & Commitment Therapy (ACT), or Dialectical Behavior Therapy (DBT). Currently, treatment is provided via Telemental Health, including telephone and video appointments.

Fellows have the potential to function as part of a multidisciplinary team providing triage assessment during primary care clinic. They also engage in treatment planning, intake evaluations, and time-limited individual treatment interventions. They provide consultation to medical providers within the VA system regarding women's mental health and collaborate with the women’s primary care-based psychiatry clinic. Fellows have the potential to co-lead groups with interns or supervisor and are encouraged to develop new groups based on their clinical interests; however, it is often challenging to recruit enough women to sustain a group at any given time. Fellows also have the option to serve as part of the Women’s Health Pain Clinic on Tuesday mornings (8am-noon), collaborating with a medical pain specialist (anesthesiologist) and physical therapist. There are also opportunities to serve as a psychology consultant to the Oncology Clinic on Mondays, based on the fellow’s interest. Structured supervision is a minimum of 1 hour each week and also occurs within the context of the primary care setting.

*Reviewed by:* Dorene Loew, Ph.D.

*Date:* 09/28/2021\*

## Focus Area Descriptions

### Integrated Primary Care Psychology

Supervisors: Skylar Hanna, Ph.D.

Eric H. Lee, Psy.D.

**Patient Population:** Medically based populations from culturally diverse backgrounds and geographical locations (Community-based outpatient clinics; CBOCs).

**Psychology's role:** Provide Primary Care-Mental Health Integration (PCMHI) informed consultation, assessment, triage and bridging, and treatment to primary care medicine populations

**Other professionals and trainees:** Medical attendings, Physicians, Fellows, Residents, Nurse Specialists, Nurse Practitioners, Pharmacists, Dieticians, Physical Therapists, Social Workers

**Nature of clinical services delivered:** Psychological assessment and brief intervention of behavioral issues related to physical illness/injury and chronic diseases (e.g. Diabetes, Hypertension); treatment of anxiety, depression, and other DSM-5 diagnoses related to medical problems; triage, bridging, treatment planning, and care coordination for health psychology and general mental health concerns; consultation with interdisciplinary team members regarding diversity-informed care

**Fellow's role:** Provides consultation, assessment, triaging, and treatment for individuals and groups in integrated medical clinics. Fellows may have opportunities to attend primary care team huddles, case conferences, and monthly team meetings

**Amount/type of supervision:** Fellows will receive a minimum of one hour of individual supervision and, as available, one hour of group meetings each week. Given the nature of integrated care, impromptu supervision and consultation may be added, as needed. Supervision will include, but are not limited to, reviewing of cases, and discussions regarding personal issues related to clinical and/or professional development. Fellows may be asked to video or audio tapes to be reviewed during individual or group supervision. Use of remote options for supervision and/or team meetings will be determined, as appropriate, collaboratively with fellows.

**Use of Digital Mental Health tools:** Use of video telehealth-to-home technology and/or telephone for assessment and treatment sessions is an option for Veterans. Use of mobile applications to supplement psychological therapies.

This rotation is a hybrid of traditional PCMHI and health psychology. It specifically utilizes best practices from the PCMHI model to medically based populations. Supervisors will work with fellows to tailor training experience based on their interests.

Patient Aligned Care Team (PACT) Psychology works in conjunction with an interdisciplinary team that consists of attending physicians, resident physicians, nurses, LVNs, and social workers. Fellows will learn to work closely in an integrated care model and to provide support to team members working with primary care patients in both a direct and indirect manner. There are several opportunities for trainees to participate in team-based care (e.g. shared medical appointments, individual joint medical visits). Trainees can also have opportunity to learn best practices in curbside consultation with physicians and allied health providers.

PACT Psychology follows the best practices of the VA Primary Care-Mental Health Integration (PCMHI) model of care. The majority of clinical time for fellows in this rotation will be dedicated to providing evidence-based brief treatment to individuals (30-minute sessions, up to 6 sessions, biweekly-monthly). There is significant overlap between the services offered by PCMHI and Behavioral Medicine; however, a unique experience of PCMHI is the opportunity to learn to conceptualize and provide mental health support to patients under this brief model of care. This model aims to improve access of mental health care to patients in medical settings, and thus, is often fast-paced, and requires on-the-spot interventions. Skills acquired in this rotation can be generalized to a variety of medical and non-medical settings. In addition to providing brief care, trainees will have the opportunity to learn and provide full evidence-based psychotherapies, such as Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) and Cognitive Behavioral Therapy for Insomnia (CBT-I), to adapt evidence-based psychotherapies (CBT-CP, CBT-I,

## Focus Area Descriptions

ACT, Problem Solving Therapy) to fit within a brief model of care. There are also opportunities for cognitive screening and psychological assessment.

Lastly, PCMHI utilizes measurement-based care to assess clinical need and to guide treatment planning. Fellows will learn to select, administer, and integrate appropriate measures to create and implement a treatment plan.

*Reviewed by:* Eric H. Lee, Psy.D.; Skylar Hanna, Ph.D

*Date:* 09/29/2021; 09/29/2021

## Whole Health (Building T7D, PAD)

**Supervisor:** TBD

**Patient Population:** Any Veteran, primarily those with chronic health conditions.

**Psychology's role:** Training staff, facilitating health and well-being groups, program development and evaluation.

**Other professionals and trainees:** Health Behavior Coordinator, Whole Health Program Director, Health Promotion Disease Prevention Program Manager RN, MOVE! Coordinator, MOVE! Dietitian, Whole Health Coaches

**Nature of clinical services delivered:** Services provided are based in prevention/ self-management and well-being/ self-care. Examples include the MOVE! weight management group series, diabetes management shared medical appointments, and groups focused on self-care and goal setting.

**Postdoctoral Fellow's role in the setting:** Collaboration and consultation in the areas of program development, implementation and evaluation.

**Amount/type of supervision:** Minimum of 30 minutes of individual supervision per week as part of the 4-8 hours/wk mini-rotation.

**Pace:** Moderate pace. Progress notes should be completed within 24 hours.

**Use of Digital Mental Health tools:** Encourage and support use of VA mobile apps as an adjunct to programming, as appropriate.

Part of VHA's modernization plan, Whole Health is a redesign of healthcare delivery. It is a patient-centered approach to health care that empowers and equips people to take charge of their health and well-being, and live their life to the fullest. The focus is on partnering with Veterans to co-create a personalized, proactive, patient-driven experience. Whole Health emphasizes self-care within the whole person, driven by the Veteran's values (e.g., shifting the conversation from "What's the matter with you?" to "What matters to you?"). There are several components to the Whole Health System, including the Pathway, Well-being and Clinical Care. Through the "Pathway," Veterans explore their Mission, Aspiration, and Purpose (MAP) in group classes and engagement with Whole Health Coaches. Well-Being programs emphasize self-care, equipping Veterans through skill-building, and includes complementary and integrative approaches (CIH) and health coaching. Whole Health Clinical Care focuses on health and disease management.

Transforming the healthcare system into a Whole Health System is an evolving process that takes several years. Opportunities for postdoctoral fellows are variable and include clinical experiences in a primary care setting aimed at prevention, self-care/ skill-building program development, implementation, and evaluation as well as staff training in Motivational Interviewing and Whole Health.

*Reviewed by:* Lauren Greenberg, Ph.D.

*Date:* 09/29/2021

## Focus Area Descriptions

### **Additional Potential External Rotation Sites for the Behavioral Medicine focus area:**

#### **Cardiac Psychology Program (Building 6, PAD)**

**Supervisor: Steven Lovett, Ph.D.**

See description in Clinical Geropsychology focus area section.

#### **Family Therapy Training Program (Building 321, MPD)**

**Supervisors: Elisabeth McKenna, Ph.D., Director, Family Therapy Training Program**

**Jessica Cuellar, Ph.D., Coordinator, Family Therapy Training Program**

See description in Couples/Family Systems focus area section.

#### **The Western Blind Rehabilitation Center (Building T365, MPD)**

**Supervisor: Laura J. Peters, Ph.D., Staff Psychologist**

See description in Clinical Geropsychology focus area section.

#### **Addiction Consultation & Treatment (ACT) (Building 520, PAD)**

**Supervisors: Kimberly L. Brodsky, Ph.D.**

**Melissa Mendoza, Psy.D.**

**Melissa O'Donnell, Psy.D.**

**Daniel Ryu, Psy.D.**

**Emily Wharton, Psy.D.**

**Joshua Zeier, Ph.D.**

See description in Continuum of Care for Addictive Behaviors, Trauma, and Co-occurring Disorders focus area section.

#### **Mental Health Clinic, Menlo Park (Outpatient MHC, Building 321)**

**Supervisors: Jessica Cuellar, Ph.D. (Telemental Health)**

**Bruce Linenberg, Ph.D.**

**Erin Sakai, Ph.D.**

**Eliza Weitbrecht, Ph.D.**

See description in Psychosocial Rehabilitation focus area section.

Other potential elective external rotation opportunities for Behavioral Medicine Fellows may be available through other focus areas. They can be found in the other sections of this brochure, such as the rotations listed in the “Clinical Geropsychology Focus Area” or rotations available in the “Rehabilitation Psychology Postdoctoral Fellowship Program” brochure on the website.



## Focus Area Descriptions

### Clinical Geropsychology Focus Area Training

The aim of the VA Palo Alto Geropsychology Fellowship focus area is to ensure attainment of general clinical competencies as well as training experiences consistent with competency areas delineated by the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009; see Table 1). The Fellowship program uniquely offers the opportunity to deliver geriatric services in a number of settings (e.g., outpatient mental health, outpatient medical, inpatient medical, inpatient psychiatric, long-term care, rehabilitation, in-home, and research). In these settings, the fellow typically works on interprofessional teams and provides conceptualizations from a biopsychosocial perspective while collaborating with providers from a number of disciplines. In addition, the fellow may educate other providers on these teams about psychological and/or aging issues through consultation or in-services. The fellow solidifies assessment (e.g., psychological, cognitive, neuropsychological, decision-making and capacity, risk, etc.) and intervention skills commonly used for older adult issues (e.g., grief, end-of-life, caregiving, chronic health problems, role/life transitions, etc.) on rotations, adapting instruments/assessments or evidence-based interventions for appropriate use with older adults when necessary. Further, older adult care often is complex and includes the broader family unit; the fellow often has opportunities to work with families on various rotations or more formally through the Family Therapy mini-rotation. Potential rotations are described below; in addition, please see Table 1 for a summary of which Pikes Peak Competencies are addressed in which Geropsychology training rotations.

*The individualized **training plan** for the Fellow in the Clinical Geropsychology focus area will be developed with the assistance of a Primary Preceptor, to be selected from geropsychologists at VA Palo Alto. The training plan will specify in which of the many possible training sites the Fellow will have comprehensive rotations (2 to 4) with options of mini-rotations and didactic experiences. Consistent with the Pikes Peak competency to practice self-reflection and assessment, the Geropsychology fellow develops a training plan with their preceptor and presents it to the Geropsychology faculty. Throughout the fellowship year, the fellow reviews their progress and training plan with their preceptor in order to identify outstanding training needs.*

Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year. Usually, there will be more supervisors than the minimum and more supervision than the minimum amount. Postdoctoral Fellows also gain supervision experience through supervised-supervision. Also, regardless of training plan, all Psychology Fellows will take part in at least three hours of seminar or other didactic experience each week. Some of the didactics will specifically focus on Geropsychology and Geriatrics; other didactics will be for all Postdoctoral Fellows and cover broad professional issues. Individual supervision with staff geropsychologists and geropsychology didactics will enable the fellow to strengthen their knowledge base by solidifying their understanding of biopsychosocial conceptualizations, specific ethical and legal issues (e.g., informed consent, capacity and competency, elder abuse and neglect, etc.), and cultural/individual diversity issues. Usually, there will be considerably more time than the minimum in all aspects of training.

A didactic experience required for geropsychology trainees is the Geropsychology seminar series which meets on the first and third Thursdays of each month from 2:30-4:30pm. This seminar occurs in tandem with the Neuropsychology seminar which meets at the same time on the second and fourth Thursdays of the month. Both seminar series present topics that may be of interest to trainees with geropsychology and/or neuropsychology interests. The seminar also provides an opportunity for geropsychology trainees to solidify as a peer group and meet geropsychology staff and outside geropsychologists in addition to their clinical supervisors. Each seminar typically includes a presentation from an invited speaker either in person or through video teleconferencing. Trainees also have the opportunity to present clinical cases from their rotations as well as their own research. The seminars will address a wide range of topics in neuropsychology and geropsychology, as well as many topics which overlap these connected areas of interest such as dementia, substance abuse, psychopathology, and working with caregivers. Neuropsychology-focused

## Focus Area Descriptions

topics include the basics of brain organization and assessment, syndromes such as aphasia and spatial neglect, traumatic brain injury, cognitive rehabilitation, Alzheimer's disease, Parkinson's disease, Lewy body disease, other causes of dementia, cultural issues in assessment, and a variety of other topics. Professional development topics such as diversity, ethical issues, and career considerations are also discussed.

In addition, the GRECC (Geriatric Research, Education, and Clinical Center) provides a monthly Interdisciplinary Geriatrics Conference focusing on current issues in geriatric care. This optional seminar occurs on Tuesdays from 3-4 pm.

Another optional didactic for fellows is the Geriatric Psychiatry and Neuroscience Grand Rounds series showcasing the work of distinguished Geriatric Psychiatry researchers. This VA/Stanford series features experts who have informed and pioneered the field of geriatric psychiatry using innovative frameworks, tools, and techniques from neuroscience, cognitive psychology, clinical psychology, genetics, and more. Esteemed presenters have included Mary Mittelman, PhD, Nancy Pachana, PhD, and Bill Seeley, MD. The schedule for this didactic is posted on the Stanford website at <https://med.stanford.edu/psychiatry/education/gpngrandrounds.html>.

The Geropsychology Fellow has the opportunity to devote some time (up to 8 hours) to research and program development projects. Recent projects have addressed important issues consistent with Pikes Peak competencies such as Geropsychology training, service delivery to rural Veterans, and technological interventions for older adults. Finally, the Geropsychology Fellow assists in the development of the Aging Licensure Series, gaining valuable conference development experience.

**Table 1: Pikes Peak Competencies by Geropsychology Rotation**

	CLC	GRECC	GCLC	GMHC	HBPC	Mem Clinic	MIRECC	SCI Outpt	SCI Service	WBRC	Hospice /PC
Research and Theory		X				X	X	X	X		
Cognitive Psychology & Change	X	X	X	X	X	X	X	X	X	X	X
Social/psychological Aspects	X	X	X	X	X	X	X	X	X	X	X
Biological Aspects	X	X	X	X	X	X	X	X	X	X	X
Psychopathology	X	X	X	X	X	X	X	X	X	X	X
Problems of Daily Living	X	X		X	X	X	X	X	X	X	X
Sociocultural and Socioeconomic Factors	X	X	X	X	X	X	X	X	X	X	X
Assessment	X	X	X	X	X	X	X	X	X	X	X
Treatment	X	X	X	X	X	X	X	X	X	X	X
Prevention & Crisis Intervention	X	X		X	X		X	X	X	X	X
Consultation	X	X	X	X	X	X	X	X	X	X	X
Interfacing with other Disciplines	X	X	X	X	X	X	X	X	X	X	X
Special Ethical Issues	X	X	X	X	X	X	X	X	X	X	X

*Reviewed by:* Erin Sakai, Ph.D.  
*Date:* 9/22/2021

## Focus Area Descriptions

### Rotation Sites:

#### Cardiac Psychology Program (Building 6, PAD)

**Supervisor:** Steven Lovett, Ph.D.

**Patient population:** Patients being considered for heart transplants and those receiving post-transplant care.

**Psychology's role:** Direct service to patients and families; consultation with other program staff and cardiologists; & participation in the Cardiology Transplant Clinic.

**Other professionals:** The Cardiac Transplant clinic includes medicine, nursing, and cardiology fellows in medicine.

**Clinical services:** Assessment, psychotherapy, & behavioral medicine interventions with cardiac patients and their families when referred by cardiologists within Cardiology service. Pre-transplant evaluations, interventions for diet & medication compliance, sleep disturbance and mood disorders for the Cardiac Transplant clinic patients. Virtual care is provided as needed due to medical need and restrictions and/or patient availability for face to face sessions.

**Fellow's role:** Serves as the team psychologist for the Cardiac Transplant Clinic, and a consulting psychologist for Cardiology Service.

**Supervision:** 1 hour of individual supervision per week per 10 hours of clinical time. 1 hour of group supervision when more than one trainee is working with the program. Some observation during patient therapy sessions, patient education groups, and team meetings. Theoretical orientation emphasizes a social learning perspective within a brief treatment model.

**Didactics:** Part of supervision sessions, as needed.

**Use of Digital Mental Health tools:** Use of VA apps and other technology encouraged on a case by case basis.

**Pace:** 1-4 patients seen during the Cardiac Transplant Clinic. Up to six CHF or Transplant Clinic patient follow-up or cardiology consultation sessions per week outside of the clinic.

The Cardiac Psychology Program provides psychological services to patients with heart disease. We participate in the weekly Cardiac Transplant Clinic and accept referrals for patients with other forms of heart disease. Specific services provided by psychology fellows include Neuropsychological screenings, including administration of the Cognistat, RBANS, and other screening instruments as needed. Individual and family therapy for depression, anxiety, anger management, sleep disturbances, issues of grief and loss, caregiver stress, and other forms of emotional distress. Assistance in developing adherence programs for medication usage, dietary restrictions and exercise maintenance. Consultation with other CHF team and cardiology staff about methods of enhancing patient adherence to treatment regimens.

Fellows are also directly involved in any on-going program evaluation and research efforts associated with the clinical activities listed above. Supervision includes joint clinical sessions with the supervisor as well as 1 – 1.5 hours of individual supervision per week and periodic group supervision when more than one trainee is involved in the rotation. The predominant theoretical orientation is social learning theory with an emphasis on shorter-term treatment. Training and supervision about health care team dynamics is also included.

*Reviewed by:* Steve Lovett, Ph.D.

*Date:* 9/13/21

## Focus Area Descriptions

### Community Living Center (CLC, Bldg 331, MPD)-Short-Stay/Rehab & Long-Term Care Units Supervisor: Margaret Florsheim, Ph.D.

**Patient population:** Patients with complex medical problems requiring either short-term or long-term skilled nursing care with interprofessional team support.

**Psychology's role:** Clinical services to patients and their families, consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.

**Other professionals:** Medicine, Nursing, Pharmacy, Social Work, Occupational Therapy, Physical Therapy, Recreational Therapy, and Dietetics. Trainees from the above disciplines may be present. As indicated, the Palliative Care Consult team also works collaboratively with CLC staff.

**Clinical services:** Screening for cognitive functioning and psychological disorders; neuropsychological and capacity assessment; individual, family and group therapy; behavioral interventions to address problematic behavior; consultation with other disciplines; and psychology education of staff.

**Fellow's role:** Serves as team psychologist for either the short-stay/rehab or long-term care unit.

**Supervision:** At least one hour of individual supervision per week with additional informal supervision obtained from working side-by-side with the staff psychologist. Opportunities exist for observation during team meetings as well as audiotaped review of patient therapy sessions.

**Didactics:** Opportunity to participate in monthly webinar/CLC mental health provider calls and participate in educational presentations for CLC staff.

**Pace:** 4-6 contacts a week (patients and families). Progress notes for each contact. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the evaluation.

**Use of Digital Mental Health tools:** Use of telephone apps, such as Mindfulness Coach, to support healthy coping and enhance psychological interventions.

**Unit Assignment:** Assignment is to either the short-term/rehab or the long-term care unit. No prior experience working with elders or in medical settings is required for either unit.

**Pikes Peak Competencies:** Training at the CLC offers exposure to clinical work utilizing a biopsychosocial perspective for understanding patients' physical, social and psychological experiences within the setting. Trainees will learn about normal and illness-related changes in late life including cognitive, functional changes and end of life concerns. Training will offer experiences in rapport development with frail elders coping with illness, cognitive and sensory impairments and institutional placement. The setting offers opportunities to provide assessment and intervention services to medically frail older adults and to learn about modifications to clinical practice needed due to sensory, cognitive and physical limitations. Treatment is provided within an interprofessional context. Trainees will learn about the scope of practice and work styles of other CLC disciplines. Trainees will learn skills to work collaboratively with team members representing these other disciplines. The setting also provides multiple opportunities to consider issues related to geropsychology professional practice. These include exposure to ethical and legal issues, such as decision-making capacity and elder abuse reporting, and cultural and individual diversity influences on CLC resident functioning and care.

Building 331 CLC is a medically-focused, 60-bed skilled nursing facility located at the Menlo Park Division. The building is divided into two units. Each unit has a specialty focus – Short-Stay Unit, or long-term care. Patients must be eligible Veterans requiring skilled nursing or intermediate care services, but not intensive medical care. The population is comprised primarily of patients with multiple medical problems, neurological conditions (e.g., stroke, dementia, Parkinson's disease, multiple sclerosis and spinal cord injury) and cancer. Trainees choose to work on one of the two units. Psychological services to both units include assessment of cognitive status and mood, psychotherapy (individual, family and/or group) and consultation to other team members on behavioral issues impacting care. Training in the setting offers opportunities to provide psychological services at bedside and in other non-traditional settings, and to adapt traditional psychological interventions to suit the physical, cognitive and sensory challenges faced by residents. Trainees learn about the experience of receiving nursing care and its impact on mood and quality of life, work closely with other disciplines to address challenging behaviors that

## Focus Area Descriptions

interfere with care, address end-of-life concerns, and provide practical support and education to building staff.

The **Short Stay Unit** bridges the gap between hospital and home. The unit is designed for individuals who no longer need hospitalization in an acute care setting but still require additional medical, nursing, rehabilitative and/or supportive services that cannot be provided in the home. The goal is to assist patients to function more independently at home and in the community. Patient stays can range from weeks to months, with an average stay being 30 days. Training offers fellows an opportunity to work in an inpatient medical setting as a member of an interprofessional team including with nursing staff, physical therapy, and occupational therapy. The age range of unit residents are between 30's-90's, although residents typically are in their 60's and 70's. Many also present with psychiatric and social concerns, such as depression, PTSD, substance abuse, and homelessness. Psychology interventions support the Veteran's rehabilitation needs, adjustment to current medical concerns, and hospitalization, as well as support the interprofessional staff in meeting the Veteran's goals of care. Psychological interventions include screening for cognitive functioning, psychological disorders, and neuropsychological and capacity assessment using instruments including the Montreal Cognitive Assessment, the Hamilton Depression Rating Scale, and the Hopemont Capacity Assessment Interview. Empirically-validated psychotherapy interventions are adapted to cognitive, sensory, and physical limitations, and are used to assist residents with their emotional response to health concerns (e.g., pain and sleep problems) and hospitalization. Interns consult with other team members regarding problematic behaviors and may offer behavioral interventions to increase medical compliance. Opportunities also exist to work with CLC staff and palliative care staff to address end-of-life concerns, particularly with Veterans receiving supportive care during cancer treatments.

The **Long-Term Care Unit** strives to create a sense of community for Veterans to whom the CLC is a permanent home. Training offers experience with multidisciplinary teamwork with medically frail elders. As they offer psychological interventions, fellows develop a detailed understanding of daily care as experienced by both staff and residents. Psychological interventions support adjustment to disability and institutional living, and include grief counseling, management of negative emotions, and interventions to address problem behaviors. In addition to individual and family psychological interventions, opportunities exist for fellows to co-facilitate psychotherapy groups. Assessment experiences can include assessment of cognitive functioning and psychological disorders, and neuropsychological and capacity assessment. There are also opportunities to work collaboratively with CLC staff to support end-of-life care, since Veterans entering the terminal phase of an illness may request to remain in this familiar environment to receive palliative services.

*Reviewed by:* Margaret Florsheim, Ph.D.

*Date:* 9/9/19

## **Geriatric Outpatient Mental Health (GMHC, Bldg 321, MPD)** **Supervisor: Erin Sakai, Ph.D.**

**Patient population:** Older Veterans (65+) typically from the Vietnam, Korean, and WWII-eras. Individuals in this setting often have multiple and co-occurring diagnoses, medical and substance use issues, and psychosocial stressors and trainees are challenged to develop skills in implementing evidence-based treatments in complex real-world situations.

**Psychology's role:** Psychologists serve as Mental Health Treatment Coordinators, who conduct initial new-to-clinic assessments, create treatment plans, provide individual therapy, facilitate psychotherapy or psychoeducation groups, consult with other team members or services, engage in clinic committees, and respond to immediate psychiatric issues which may include voluntary or involuntary hospital admissions.

**Other professionals:** Psychiatrists, Social Workers, Nurses, Art Therapists, Vocational Rehabilitation staff (CWT), Psychology Postdoctoral Fellows, Psychology Practicum Students, Psychiatry Residents,

## Focus Area Descriptions

Social Work Interns.

**Clinical services:** Intake evaluations and treatment planning, individual and group psychotherapy, Mental health treatment coordination, Medication evaluation and follow-up, Liaison/consultation with other programs and providers, Assessing and dealing with emergencies and hospital admissions as necessary. Interventions often target issues such as depression, anxiety, PTSD, substance use, role/life transitions (e.g., retirement, health changes, etc.), anger, assertiveness, caregiver stress, medical issues (e.g., pain, sleep, weight, etc.), and end-of-life concerns utilizing cognitive-behavioral, acceptance-based, and interpersonal approaches.

**Fellow's role:** Fellows have the opportunity to function and contribute much as the Staff Psychologist does, simply under supervision, and with variations depending upon experience and learning needs. Thus, fellows will have the opportunity to treat Veterans with a wide variety of diagnoses and disorders from mild to severe; lead or co-lead psychotherapy or psychoeducational groups; provide individual psychotherapy; conduct initial assessments; create treatment plans; liaise with other services, including Inpatient Psychiatry, Domiciliary Service, Compensated Work Therapy (CWT) program, addiction treatment services, etc. Fellows may include the Family Therapy mini-rotation as part of their MHC training experience and have opportunities to provide services to rural Veterans through Telemental Health.

**Supervision:** Fellows receive at least one hour of individual and one hour of group case consultation/supervision each week. Supervision can also include co-leading a therapy group or psychoeducation class with the supervisor, video/audiotaping sessions for later review in supervision, and observation during team meetings. Individual supervision addresses intake assessments and the fellow's clinical caseload of individual and group therapy clients, including case conceptualization, treatment planning, and familiarization with new therapies. Supervision also covers diversity, professional development, treatment team functioning, and program development and systems issues.

**Didactics:** The weekly hour-long group supervision meeting includes readings on a variety of topics and issues, watching and discussing video of therapists from differing theoretical orientations conducting therapy, and clinical case presentations. It is meant to foster discussion about treatment, theory (e.g., cognitive-behavioral, psychodynamic, interpersonal, humanistic, and existential models), ethical concerns, systems issues, and professional identity/development.

**Pace:** Moderate and steady. 4-6 contacts a week. Chart review and progress notes for each contact. Preparation for individual and therapy/psychoeducation groups.

**Use of Digital Mental Health tools:** Mobile Apps, Telemental health

**Pikes Peak Competencies:** The Geriatric Outpatient Mental Health rotation offers opportunities to integrate aging theory into clinical practice. Use of psychometrically sound screening instruments for cognition and psychopathology and risk assessments are common in this setting. Fellows will provide interventions that target common issues for older adults, making adaptations or adjustments when needed. Consideration of biopsychosocial factors will be an important part of case conceptualization and intervention. Collaboration as part of an interprofessional team is expected. Consultation with families, other professionals and programs, agencies or organizations may also be included in outpatient work as appropriate. Trainees can be involved in providing training about geropsychological issues through in-services and supervised-supervision.

The Geriatric Outpatient Mental Health setting offers opportunities to work with older adults representing the wide range of health and personal factors reflected in the outpatient setting. This includes individuals with a variety of experiences associated with racial/ethnic, socioeconomic, cognitive, spiritual, and medical factors. Interns learn to conceptualize and integrate the presenting issues to develop a strong treatment plan and intervention while working with the Veteran and care team.

*Reviewed by:* Erin Sakai, Ph.D.

*Date:* 9/22/2021



## Focus Area Descriptions

### GRECC/Geriatric Primary Care Clinic (PAD; GRECC-Bldg. 4, Tuesday Clinic- 5C2)

**Supervisor:** Christine Gould, Ph.D., ABPP-Gero  
Erin Sakai, Ph.D.

**Patient population:** Older adults with complex medical and psychosocial problems who require an interprofessional team for optimal primary health care.

**Psychology's role in the setting:** Clinical services to patients both as part of the team clinic and outside of clinic, consultation with other disciplines, psychology education of staff and trainees from different disciplines, participation in the management of team dynamics, and participation with ongoing clinical demonstration projects (quality improvement).

**Other professionals and trainees:** Medicine, Nursing, Pharmacy and Social Work; all disciplines may have trainees at various levels (students, interns, residents, and fellows).

**Nature of clinical services delivered:** Services are delivered both in the context of the team clinic as well as outside of the clinic for patients who require more in-depth assessment and treatment.

*In clinic:* Assessment of cognitive functioning and psychological disorders, brief interventions for behavioral medicine issues (adherence, sleep, weight, pain, etc.), depression, anxiety, family/caregiving issues, and dementia-related behavioral problems. Consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.

*Outside of clinic:* Individual psychotherapy for Veteran or caregiver; coaching Veterans to use mobile apps to meet mental health and wellbeing goals (Geri-Mobile Health Project); capacity assessments; partake in other educational and clinical demonstration projects/quality improvement projects; lead didactics. Interested fellows may work with Dr. Gould on her ongoing research studies for part of the rotation as well (see Potential Research Opportunities below).

**Fellow's role in the setting:** Essentially the same as the staff psychologist. There are some opportunities for research with Dr. Gould or working on quality improvement projects, giving clinical/educational presentations, and sometimes the opportunity to supervise a psychology intern.

**Amount/type of supervision:** Live supervision of new skills, 1-2 hour(s) of individual supervision per week. Group supervision possible if multiple trainees. Informal supervision involving working side-by-side on cases with the staff psychologist, particularly in the clinical setting. Level of autonomy is individually negotiated according to training goals.

**Didactics:** Attendance is required at the GRECC weekly Tuesday seminar (3-4pm). Seminars cover topics in geriatric medicine and interdisciplinary topics in geriatrics. There are optional weekly seminars from 2-3pm which are often more medically oriented but all interdisciplinary team trainees are welcome. Monthly Journal Club seminars are also available and psychology interns and fellows are encouraged to participate. Informal teaching from every discipline. Assigned readings.

**Pace:** Varied, depending upon the needs of the patient. Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam. Workload can be managed within the allotted time.

**Use of Digital Mental Health tools:** Use of VA apps to help Veterans meet mental health and wellbeing goals (Geri-Mobile Health), research study on Meru Health mobile app for depression, research study on video-delivered anxiety intervention, program evaluation of tele-geropsychiatry consultation program. During COVID-19, there have been opportunities for service delivery through telehealth. Many of the primary care clinic appointments are conducted by telephone or audio-visual conference; the entire interdisciplinary team meets together with the Veteran and caregiver, as appropriate, utilizing the telehealth modality. This allows for continuity of care and observation/learning across disciplines. In the context of COVID-19, individual therapy is also offered via telephone and audio-visual conferencing modalities.

**Potential Research Opportunities:** There are many opportunities for research/scholarly work through the GRECC, particularly through our clinical demonstration projects, which aim to develop, test and implement innovative models of care for older adults. Dr. Gould conducts research on using technology to deliver treatments to older adults with anxiety and depression and on evaluating use of telehealth in geriatric psychiatry consultation.

## Focus Area Descriptions

**Pikes Peak Competencies:** The Geropsychology focus area fellow will have opportunities to see patients with medically, psychosocially, mentally and emotionally complex issues in an interdisciplinary team setting. The trainees will gain knowledge and skills in using culturally and individually appropriate assessments and interventions that consider the bio-psycho-social and environmental factors that may impact the health and well-being of older adults. Particular emphasis will be placed on team based approaches, modifying evidence based interventions to accommodate chronic and acute medical problems, cognitive abilities, and late life developmental issues, and learning appropriate ways to partner and consult with families, team members, and other health care professionals. At the beginning of the rotation, trainees will be expected to review the Pikes Peak Evaluation Tool to highlight specific training goals for this rotation.

This is a primary medical care program run by our Geriatric Research Education and Clinical Center ([GRECC](#)). Fellows work in close collaboration with other team disciplines and assist in managing team dynamics. Trainees provide individual brief and long-term psychotherapies (including cognitive behavioral therapy, acceptance and commitment therapy, problem solving therapy and reminiscence therapy), couples and/or family therapy, behavioral medicine interventions, cognitive and mental health assessments/screenings and focused neuropsychological assessment. Many of the patients in the clinic have some level of cognitive impairment and many are diagnosed with dementia. Therefore, it is likely that the Fellow will work with patients with these impairments and/or with their caregivers to assist with coping and stress. We also provide coping techniques for a variety of medical conditions and work closely with the team to help improve patients' adherence with treatments offered by social work, nursing, and medicine.

Clinic hours for GRECC Geriatric Primary Care Clinic are Mondays from 1:00 pm to 4:00 pm and Tuesdays from 8:00 a.m. to 1:00 p.m. Further psychological interventions and assessment are done at times convenient to the Fellow. This clinic has trainees from all of the above disciplines, which affords an excellent opportunity to learn from and teach across disciplinary boundaries. There are opportunities to observe assessments and interventions by all disciplines and to be observed directly.

*Reviewed by:* Christine Gould, Ph.D., ABPP-Gero  
*Date:* 9/13/2021

## **Geropsychiatry Community Living Center (Livermore CLC, Building 90)** **Supervisor: Geoffrey W. Lane, Ph.D., ABPP-Gero**

**Patient population:** The Livermore CLC population consists of primarily White, male Veterans hailing modally from the California Central Valley region, averaging in their 70s. Overwhelmingly (around 70% or more) of our Veterans have some form of major neurocognitive disorder and many have co-occurring psychiatric illness. Behavioral and psychiatric symptoms of dementia are not uncommon in our Veterans. Most are here for long-term care, but a small subset at any time are here for short stay rehabilitation or palliative / hospice care.

**Psychology's role and nature of clinical services delivered:** The Livermore CLC Psychology Service is the primary, first-line mental health consultation service for the Livermore CLC. As such we strive to attend 100% of all routine, weekly interdisciplinary care plan meetings and advise the team on mental health and psychological best practices. We also provide brief and more extensive neuropsychological, psychiatric, and personality assessment for staff for purposes of psychodiagnostics and dementia diagnostic, functional, and capacity assessments. Psychology also provides 1:1 psychotherapy services and at times provide family therapy services. Psychology has also provided group therapy (typically utilizing CBT and psychoeducational approaches) for our Veterans.

## Focus Area Descriptions

**Other professionals services:** Livermore CLC has three in-house, geriatric physician internists, two social workers, three recreational therapists, occupational therapy, physical therapy, dietician and diet tech staff, and a variety of clinical and administrative nursing staff. Livermore CLC Psychology supervises typically 1-2 practicum students year-round.

**COVID-19 Risk Mitigation:** Currently, there are temperature checks daily at the door prior to entry into the building, and universal masking / PPE, social distancing practices are routine. There is a mandatory employee COVID vaccination requirement for VA employees at this time. Note that all CLC employees are also COVID tested twice per week, regardless of vaccine status.

**Fellow's role:** Conduct brief and more extensive integrated assessments of residents, both on a routine and ad-hoc basis. More extensive batteries and capacity assessments also potentially available. Fellows also expected to carry an individual caseload of therapy clients as available, and help co-lead group therapy sessions with supervisor. Fellows also are expected to assist with behavior management consultation with staff, and provide education for staff on relevant topics.

**Amount/type of supervision offered:** 1 hour of formal supervision per week and informal supervision involving working side-by-side on cases with the staff psychologist. The supervisor may also observe the fellow, or have the fellow do an audio recording of, at least one therapy session. Supervisor's clinical orientation is strongly influenced by Cognitive-Behavior Therapy and Prescriptive Psychology (e.g., Beutler & Clarkin et al.), although I am comfortable supervising students who are informed by other theoretical orientations. I also strongly identify with Clinical Geropsychology as a clinical specialty in its own right, and try to model this development of strong professional identity for my supervisees both in terms of my clinical practice and scholarly interests.

**Didactics:** Opportunity to participate in educational programs (both professional CE and otherwise) offered to clinical staff (Psychology and Extended Care)

**Use of Digital Mental Health tools:** None.

**Pace:** Varied, depending upon the needs of the residents, staff, and facility. Over course of rotation will be expected to follow residents for ongoing behavioral management and intervention in conjunction with episodic consultation assessment referrals. Although workload will fluctuate, it can be managed within the allotted time.

*Reviewed by:* Geoffrey Lane, Ph.D., ABPP

*Date:* 9/28/21

## Geropsychiatry Community Living Center (Building 360, MPD)

**Supervisor: James Mazzone, Ph.D.**

**Patient population:** Geropsychiatry Community Living Center is located in building 360 at Menlo Park Division of the VAPAHCS. The building includes 5 wards (A – Secure Dementia or Probate Conserved Ward; B – Locked Psychiatric or LPS Conserved Ward; D & E - Mixed Medical Psych Open Wards; and F - Palliative Care & Smoking Ward). Residents have serious medical problems and dementia or cognitive impairment long-standing psychotic-spectrum disorders less severe psychiatric problems, e.g., substance abuse, PTSD, depression, behavioral problems.

**Psychology's role in the setting:** The psychologist acts as a clinician and consultant to the interdisciplinary team, including:

- Evaluation and management of behavioral problems
- Neuropsychological screening, including assessment of capacity and conservability
- Individual and family psychotherapy on a limited basis
- Technology supported psychological services
- Providing a psychological perspective at interdisciplinary care meetings and nursing reports

## Focus Area Descriptions

**Other professionals & trainees:** Nurses, geriatricians, psychiatrists, social workers, RNPs, recreation therapists, occupational therapists, physical therapists, pharmacologist, dietician, and trainees in recreation therapy, occupational therapy, psychiatry, and nursing.

**Nature of clinical services delivered:** Cognitive and capacity evaluations, behavioral assessment management, psychotherapy, and technology supported psychological services are the primary activities, along with those listed above.

**COVID-19 Risk Mitigation:** During the pandemic, everyone entering the VA campus is screened for symptoms of COVID-19. Entrance to our building is restricted to staff, trainees and patients who reside in the building. Family or other visitors are currently admitted to the building on a limited basis and everyone is screened again, plus has their temperature taken at the building entrance. Attempts are made to maintain physical distancing when possible (i.e. > six feet apart). Trainees will be expected to follow hand hygiene and infection control protocols. Masks are required for everyone in the building. Face shields are also required for encounters when seeing patients. Additional precautions are taken around COVID-19 testing. Prior to starting the rotation trainees will need to test negative before coming to the building and participate in episodic testing when requested. Given the COVID-19 pandemic is evolving, mitigation strategies may get adjusted as needed.

**Fellow's role:** The rotation focuses on learning to provide a wide range of mental health services on a multidisciplinary team treating older adults with dementia, long-standing psychotic-spectrum disorders, and various medical problems. Direct clinical activities involve: facilitating evaluation & management of behavioral problems elicited by clients; conducting neuropsychological screening focused on decision making capacity & conservability; & psychotherapy and technology enhanced care. Additional activities include: meetings, staff education, & training. Attend applicable interdisciplinary care meetings.

**Amount/type of supervision:**

- 1 hour of weekly face-to-face supervision
- Informal supervision involving working side-by-side on cases with the staff psychologist
- Psychologist may have the fellow do an audio recording of at least one therapy session.

**Didactics:** Opportunity to participate in educational programs offered to Extended Care Service staff.

**Use of Digital Mental Health tools:** Assistive technology services are routinely used in this rotation to extend traditional psychology interventions. Trainees will learn about Individualized Non-pharmacological Services Integrating Geriatric Health & Technology (**INSIGHT**), a technology integration model. INSIGHT evolved out of process improvement and program development activities in the GCLC. The INSIGHT process has been officially recognized as a national promising practice by the VA's National Office of Mental Health and Suicide Prevention (OMHSP). Through this model trainees will learn about how to add various technologies within the environment of care, how to use various technologies, & how outcomes or successes are being monitored. Trainee's will also have an opportunity to participate in ongoing process improvement and program development activities in this area.

**Pace:** Varied, depending upon the needs of the residents. Over course of rotation will be expected to follow residents for ongoing behavioral management and intervention in conjunction with episodic consultation assessment referrals. Although workload will fluctuate it can be managed within the allotted time.

**Pikes Peak Competencies:** The psychology trainee will gain exposure to a population with complex medical, mental, and cognitive concerns. The trainee will learn to incorporate unique cultural factors such as military experience and combat exposure to evaluate, assess, and treat a geriatric population with a significant pathology. The trainee will be expected to work within an multidisciplinary team to serve the Biological, Psychological, and Social needs of the patient. The trainee will use formal and incidental assessment to guide treatment recommendations and interventions. Lastly, the trainee will learn to adapt and augment services to promote dignity, quality of life, and positive well-being.

Psychology evaluation and interventions at the 360 CLC are drawn from cognitive-behavioral spectrum approaches. For patients with behavioral problems and cognitive ability, behavioral contracts are frequently used. In addressing behavioral problems, the psychologist usually evaluates the patient; proposes to the interdisciplinary team a plan for assessment and intervention; revises the plan based on feedback; helps the team to communicate the plan to the patient and to other staff; and evaluates the results on an ongoing basis.

## Focus Area Descriptions

Examples of clinical problems for which psychology has been consulted:

- Verbal and physical abuse of staff or anger outbursts during care
- Non-compliance with prescribed or recommended care
- Assessing for delirium versus dementia in an elderly female patient with recent hip fracture and hip surgery.
- Capacity evaluation of a severely ill patient who demanded to discharge immediately "against medical advice"
- Providing family psychotherapy to a quadriplegic patient and her daughter, who were having heated conflicts during visits.
- Adjustment issues for a patient recently diagnosed with advanced cancer
- Hoarding behavior

A highlight of working at the Geropsychiatric CLC is the privilege of working with a highly skilled multidisciplinary team as it struggles to assess and treat a very complex and challenging group of patients. In this context fellows benefit from hearing the enriching perspectives of other disciplines, while seeking to integrate their own psychological perspective into the team's decision-making process.

*Reviewed by:* James Mazzone, Ph.D.

*Date:* 8/24/21

### Home Based Primary Care Program (Building MB3 PAD and San Jose Clinic)

**Supervisors: Elaine S. McMillan, Ph.D.**

**Jennifer Ho, Ph.D.**

**Patient population:** The HBPC program serves primarily older Veterans (over the age of 65) with multiple chronic medical conditions and their caregivers/families.

**Psychology's role in the setting:** Direct service to patients and families; consultation with the HBPC interdisciplinary team and other hospital providers as needed; member of the interdisciplinary team

**Other professionals:** An interprofessional team including medicine, occupational therapy, nursing, nutrition services, pharmacy, and social work. Interns, residents, & fellows from all disciplines may participate

**Clinical services:** Home-based interview assessments; cognitive screenings and capacity evaluations; brief individual & family therapy for a variety of emotional disorders; caregiver support and psychoeducation; interventions for pain and weight management, smoking cessation, and adherence to medical regimens; palliative care psychology staff consultation

**Fellow's role:** Serves as the team psychologist.

**Supervision:** 1-2 hours individual supervision per week. Some observation during patient sessions and team meetings. Audiotape review of patient therapy sessions, when taping is feasible. Theoretical orientation emphasizes social learning, relational, and cognitive behavioral perspectives within a brief treatment model.

**Didactics:** Short in-services provided to team during some team meetings. Fellow provides one in-service to team during the rotation.

**Use of Digital Mental Health tools:** Mindfulness Coach, PTSD Coach, CBT-I app; Pacifica. Opportunities to provide psychotherapeutic interventions using HIPAA compliant telehealth platforms (WebEx, Zoom.gov, and Virtual Video Connect) will be offered.

**Pace:** 4-5 home visits or telephone contacts to patients per week. Brief progress note for each visit. One morning-long team meeting. About 1-2 hours of follow-up contact with staff, patient's families, other providers, etc.



## Focus Area Descriptions

**Pikes Peak Competencies:** Many of the Pikes Peak Core Competencies will be addressed during this rotation. Fellows will receive training in the following areas: cognitive psychology and change using standardized testing measures to differentiate between normal age related cognitive changes and cognitive impairment. Social/psychological aspects of aging, for example, changing roles, coping with losses in function, bereavement of loved one, friends, social status, and options to foster emotional well-being. Biological aspects of aging, including training in specific considerations for interventions for older adults (e.g., pharmacological issues, sensory losses, specific disease presentations, physical decline, etc.). Psychopathology issues relevant to aging. Problems in daily living and the identification of environmental adaptations and accommodations to facilitate maintenance of, or increased, independence. Sociocultural and socioeconomic factors with training opportunities that highlight the heterogeneity of the racial, ethnic, and socioeconomic factors of the Veterans served. Assessment of older adults including assessment of decision making capacity; treatment; prevention and crisis intervention. Consultation, providing opportunities to interface with other disciplines, including interactions with both community based providers and other disciplines within VA. Fellows will also gain an increased understanding of the special ethical issues that can often arise (i.e., balancing autonomy and safety).

The Home Based Primary Care (HBPC) program provides in-home primary medical care and psychosocial services for Veterans whose chronic medical conditions have made it difficult or impossible for them to access the outpatient clinics for the medical care they need. The HBPC program has three interdisciplinary teams (Palo Alto, San Jose, and Modesto) that include a physician, nurse practitioners, occupational therapist, social worker, pharmacist, dietician, and psychologist. Fellows tend to work with only one team. A wide variety of psychological services are provided to HBPC clients by Psychology Fellows. These services include:

- Psychological assessments of patients and caregivers.
- Cognitive screenings and capacity evaluations.
- Individual and caregiver/family therapy for depression, anxiety, caregiver stress, and other forms of emotional distress.
- Training in basic pain management, weight management, and smoking cessation techniques.
- Consultation with other program staff about methods of enhancing patient adherence to treatment regimens.

Supervision includes 1-2 hours of individual supervision per week and periodic observations during team meetings. Joint clinical visits are made during orientation and upon request of the Fellow. Theoretical orientations include cognitive-behavioral theory and relational therapy with an emphasis on shorter-term treatment for individuals and couples. Training and supervision about health care team dynamics is included as part of supervision. When possible, Fellows will have the opportunity to supervise interns on the rotation.

*Reviewed by:* Elaine McMillan, Ph.D.; Jennifer Ho, Psy.D.

*Date:* 9/28/21

### **Memory Clinic (Building 6, PAD)**

**Supervisors:** Lisa M. Kinoshita, Ph.D.

See description in Neuropsychology Fellowship Program Brochure.

### **Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)**

**Supervisor:** John Wager, Ph.D.

See description in Neuropsychology Fellowship Program Brochure.

## Focus Area Descriptions



### **Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC) Dementia Core (Building 5, Palo Alto Division)**

**Supervisors:** Sherry A. Beaudreau, Ph.D., ABPP-Gero

J. Kaci Fairchild, Ph.D., ABPP-Gero

Lisa Kinoshita, Ph.D.

Allyson Rosen, Ph.D., ABPP-CN

**Patient population:** Persons with cognitive or late-life neuropsychiatric impairment participating in clinical research studies.

**Psychology's role:** MIRECC researchers in the Dementia Core, which includes psychologists, follow the mission of the center which is research, education, and clinical services aimed at improving the lives of those affected by neuropsychiatric disorders, mental health and cognitive symptoms, Alzheimer's Disease, related dementias, Vascular Cognitive Impairment, and mild cognitive impairment. MIRECC investigators are involved in the assessment and evidence-based treatment of late-life cognitive and psychiatric disorders and suicide prevention.

**Other professionals and trainees:** In addition to psychology, the Sierra Pacific MIRECC at the VA Palo Alto includes a variety of experts in psychiatry, neurology, nursing, and neuroscience. Trainees at all levels participate in MIRECC functions and include bachelor level research assistants, research volunteers, practicum students, psychology interns, and advanced postdoctoral fellows.

**Nature of clinical services delivered:** This is a clinical research rotation. Clinical contact will be obtained through participant contact through research protocols. Time spent in direct clinical services will be based on the fellow's clinical geropsychology training needs following the Pike's Peak Model of training (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). The Pike's Peak Model of geropsychology training provides a list of competencies that can be used by trainees and their supervisors to ensure training is received in important domains of professional geropsychology. These competencies include methodological issues in conducting or evaluating research in aging. On this rotation, direct service opportunities are integrated with or relevant to the fellows' clinical research project. Examples of direct services include neuropsychological and psychiatric assessment with older adults and the provision of evidence based treatments aimed at improving memory, mood, or other late-life mental health symptoms or psychosocial concerns. Additional opportunities include community outreach and psychoeducation.

**Postdoctoral Fellow's role:** Fellows complete two main activities under the supervision of a licensed psychologist. 1) Fellows participate in integrated clinical service activities as part of a clinical research protocol. 2) Fellows develop and implement a research project utilizing existing data from one of the MIRECC's ongoing studies. Over the course of the rotation, fellows are expected to develop: 1) advanced clinical competency or achievement of new competencies related to the Pike's Peak Model of geropsychology, 2) clinical expertise in an area related to their research project, and 3) a report of their project that is suitable for presentation at a scientific conference and for presentation in a research forum at the MIRECC. Preparation of a manuscript for peer-reviewed publication or other publication such as a letter to the editor are encouraged, but not required.

**Amount/type of supervision:** One or two supervisors are assigned to each fellow. Supervision will be a minimum of two hours per week with at least one hour of face-to-face individual supervision with the primary supervisor.

**Didactics:** The VA Advanced Fellowship Program in Mental Illness Research and Education offers weekly didactics on academic survival, professional development, manuscript and grant writing, methodology, and biostatistics; attendance by geropsychology fellows is encouraged but not required. The research supervisor and fellow may choose to incorporate additional seminars, e.g., Geriatric Psychiatry and Neuroscience Grand Rounds, presentations at Stanford, or study groups. The fellow and mentor will determine readings relevant to the chosen research project and areas of interest.

## Focus Area Descriptions

**Use of Digital Mental Health tools:** None.

**Pace:** Rotation supervisors help the fellow develop a training plan integrating their clinical and research goals for this rotation. Pace of clinical contact and research progress will be based on these overarching goals.

The Sierra Pacific MIRECC rotation offers fellows ongoing professional development as clinical researchers within the context of a multi-disciplinary translational research center. There are currently ten MIRECCs nationwide with each focusing on mental illnesses or conditions that are common in Veterans. Researchers at the MIRECCs investigate the causes of mental illness, develop new treatments for mental illness, and evaluate both established and new treatments with the goal of identifying best practices. The Sierra Pacific MIRECC at VA Palo Alto is affiliated with the Stanford University School of Medicine and research mentors are part of the Stanford faculty through the Department of Psychiatry and Behavioral Sciences. The MIRECC Dementia Core's mission is to study the progression of dementia and other cognitive disorders or impairment over time, treatment response, assessment issues, and problems patients and caregivers experience in coping with the changes that occur. We work to develop an integrated body of knowledge about dementia and to help the VA and the broader health care community plan and adapt to changes associated with the rapidly expanding aging population among both Veterans and civilians. Some areas of focus in the MIRECC are on individuals with cognitive impairment and neuropsychiatric symptoms, behavioral interventions such as problem solving therapy to manage mental health symptoms, caregiver skills training, prevention and management of cognitive impairment, prevention of cognitive decline in vascular surgical procedures and chronic vascular risk, late-life psychiatric disorders, neuropsychological test development, and innovative mental health treatment approaches. Secondary foci include suicide prevention, sleep and the application of advanced biostatistical techniques.

Fellows at MIRECC become involved in activities designed to improve their ability to conduct and interpret clinical aging research and to achieve clinical competencies in accord with the Pike's Peak Model of Clinical Geropsychology training. Fellows may receive training in a range of clinical research skills, including program development, quantitative methods, assessment, statistics, data management, and statistical programs such as SPSS. Fellows may also receive mentoring on professional development issues, such as: integrating clinical practice experiences and knowledge into translational research questions; clarifying their own research interests and goals; applying for research-related jobs; scientific writing; grant proposal writing; project administration; publishing; and presenting at professional meetings. This rotation may be particularly useful for fellows who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting translational research (e.g., intervention or assessment) is a major professional activity. Goals for this rotation are the following:

*Fellows will participate in an effective clinical research-oriented work environment.* The MIRECC aims to foster intellectual stimulation and research independence. This environment encourages and models effective professional communication among multidisciplinary staff, as well as, collegial mentorship relationships between supervisors and fellows. Supervisors also help fellows acquire relevant skills, and support the fellows in defining and achieving their own training goals in the context of careers in aging research.

*Fellows will be able to ask effective geropsychological clinical research questions* by integrating clinical practice experiences into conceptualization of aging research questions, and analyzing and understanding relevant research literatures.

*Fellows will develop advanced clinical skills relevant to assessment or treatment of older adults by participating in direct clinical research services.* These services integrate the fellows' experience by allowing them to directly apply knowledge gained from clinical duties on the rotation to a clinical research question developed in consultation with their supervisor. The fellows' independent research project will be an integrated clinical research experience utilizing larger ongoing projects at the MIRECC.

## Focus Area Descriptions

*Fellows will develop as professional researchers in aging* by clarifying their own research interests in geropsychology, developing collaborative communication skills within multidisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Supervisors expose fellows to networking and service opportunities in the larger clinical geropsychology professional community locally, nationally, and internationally.

*Fellows will acquire relevant clinical research competencies* to select and employ appropriate analytic methods for both cross-sectional and longitudinal aging research, including late life clinical trial research; select, design, and administer valid and reliable instruments for use with older adults; if relevant to the fellows goals, administer evidence based treatments; prepare for presentation at a professional conference or prepare a manuscript for submission to a professional journal.

### Recent and ongoing Dementia Core studies at the MIRECC:

#### Evidence-Based Treatments

- Brief Behavioral Interventions, especially Problem Solving Therapy for Suicide Prevention and for Treating Late-Life Mental Health Disorders: Sherry Beaudreau
- Physical Exercise and Cognitive Training for Persons with Mild Cognitive Impairment: Kaci Fairchild
- Physical Exercise and Caregiver Skills Training for Caregivers: Kaci Fairchild
- Biological, Psychological, and Cognitive Mediators of Treatment Response: Kaci Fairchild & Sherry Beaudreau
- Innovative Statistical and Methodological Techniques for Clinical Aging Research including Randomized Control Trials: Kaci Fairchild & Sherry Beaudreau

#### Neuroscientific Methods and Neurocognitive Outcomes

- Predictors of Cognitive Decline in Aging Veterans with PTSD: Lisa Kinoshita
- Assessment and Impact of Late-Life Sleep Impairment: Lisa Kinoshita
- The Application of Neuroimaging Techniques to the Study of Cognitive Decline in Individuals with MCI and Dementia: Allyson Rosen
- Long-term Neurocognitive Sequelae of Subclinical Microembolization During Carotid Interventions: Allyson Rosen
- Genetic Moderators of Cognitive Impairment: Sherry Beaudreau & Kaci Fairchild
- Neurocognitive Markers of Late-Life Psychiatric Symptoms and Suicidal Ideation in Older Adults: Sherry Beaudreau

*Reviewed by:* Sherry A. Beaudreau, Ph.D.  
*Date:* 09/28/21

## Focus Area Descriptions

### Spinal Cord Injury Outpatient Clinic (Building 7, F wing, PAD)

Supervisor: TBD

*Due to the retirement of Dr. Rose, potential Fellows are encouraged to speak to the new staff psychologist in September regarding possible changes in this rotation. SCI/D Clinic is expected to remain an outstanding advanced training site for psychology, rehabilitation medicine, occupational therapy, recreation therapy, nurse practitioners and social work.*

**Patient population:** Persons with spinal cord injury/dysfunction, ages 18 to 96, but predominantly older adults; duration of injury from a few days to 70 years, living in Northern California, Hawaii, The Philippines, American Samoa, Guam, and parts of Nevada. Although spinal cord dysfunction typically results in permanent physical disability, people often become more functional and socially active as a result of their rehabilitation experience. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI Service treats any complications and performs health care maintenance. Therefore, the Psychology Fellow sees many different problems, including psychological antecedents and sequelae of medical/surgical problems, depression, substance use disorders, parenting, retirement and cognitive deficits in older adults. Due to the great diversity of our patient population, Fellows also have the opportunity to learn from assessing a full range of human adaptation and achievement, from homeless Veterans to nominees for Nobel prizes. Most of our patients do not see themselves as mental health patients, even when receiving psychological interventions. We follow our patients at least once a year for life, so there is an opportunity to observe how people adapt to disabilities throughout adulthood, and how adult development and aging interact with disability.

**Psychology's role in the setting:** Clinical services to patients, consultation with other disciplines, psychological education of staff and trainees, and participation in the management of team dynamics.

**Other professionals and trainees:** Medicine, Nursing, Occupational Therapy, Physical Therapy, Recreation Therapy, and Social Work are represented by staff and trainees in a culture of fully integrated care.

**Nature of clinical services delivered:** Diagnostic interviewing for cognitive functioning and mental health disorders, motivational interviewing, neuropsychological and personality assessment, individual and some family therapies, and behavioral medicine interventions (such as pain management, clinical hypnosis, treatment adherence, health behaviors, etc.). Some care is given by telephone or video conference to home due to the large catchment area.

**Fellow's role in the setting:** Fellows function as junior members of the professional staff, while still enjoying the benefits of regularly scheduled supervision. The experience provides excellent preparation for independent practice.

**Amount/type of supervision:** Live supervision of new skills, 1-hour individual supervision, significant informal consultation time, 1-hour group supervision. Level of autonomy is negotiated according to training goals.

**Didactics:** Neurosurgery/Radiology Grand Rounds Thursdays 8:15–9 (on hold during the pandemic), and assigned readings for weekly seminar. In this training environment there is also ample opportunity to learn from other disciplines and also teach psychology as it applies to specific patients that other disciplines struggle with.

**Use of Digital Mental Health tools:** Video telehealth, VA smartphone apps for self-care, e.g., Virtual Hope Box, ACT Coach, etc.

**Pace:** Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam. The supervisor reviews all notes and reports via e-mail. Workload can be managed within the allotted time.

**Pikes Peak Competencies:** These competencies are covered in both formal didactics (during group supervision) and supervised practice. Fellows will gain knowledge of research and theories of psychological aging. Psychotherapy will include awareness of how normal adult personality development can contribute to vulnerability or resilience. The effects of changes in military culture and other societal developments on various cohorts will be explored in psychotherapy supervision. Biological aspects of aging are often



## Focus Area Descriptions

accelerated in persons with spinal cord injuries. This interacts with sociocultural and economic issues that result in age-related challenges in daily living. Fellows become adept at brief **diagnostic and motivational interviewing**. Interview data is immediately shared with the **interdisciplinary** staff, providing ample opportunity to master **consultation and collaborative treatment skills**.

**Medically-Based Populations.** The major goal of the rotation is to learn how to function in a medical setting as a fully integrated member of an interdisciplinary team, providing prevention, and services for the assessment, and treatment of psychological distress and health behaviors. Patients are helped with psychological antecedents and sequelae of **medical/surgical problems, chronic pain, obesity**, mood and personality disorders, substance use disorders, dysfunctional relationships, sexual dysfunction, parenting, retirement and cognitive impairment.

**Neuropsychology Competence.** Fellows provide and supervise focused neuropsychological assessment using a wide variety of tests and observation. Fellows gain competence in cognitive assessment of people with sensory and motor deficits, phenomena that often complicate the assessment of older adults. They will observe both positive and negative aspects of cognitive changes associated with aging, and associated ethical concerns such as reluctance to give up driving despite impairment. Fellows advise the treatment team regarding **legal and ethical issues** pertaining to risks and benefits of preserving patient autonomy.

Interdisciplinary assessments are usually done Mondays from 9:00 to 4:00, Tuesdays from 8:30 to 4:00 and Fridays from 10:00 to 4:00. Further psychological interventions and assessment are done at times convenient to the Fellow. The rotation requires at least 14 hours per week including Tuesdays from 7:30-2:30. Team meetings 8:00 to 9:00 on Friday mornings are an optional training opportunity.

Therapy supervision is available for behavioral, cognitive, person-centered, psychodynamic, motivational interviewing, and systems approaches. Fellows are trained in the developmental model of supervision and often have the opportunity to provide additional supervision to an intern.

Supervision also includes professional development, and Fellows are encouraged to become active in the interdisciplinary Academy of SCI Professionals, The Society of Clinical Geropsychology, and/or Division 22 (Rehabilitation Psychology) of The American Psychological Association.

*Reviewed by:* Jon Rose, Ph.D.  
*Date:* 8/30/21

## Spinal Cord Injury Service (Building 7, PAD)

**Supervisors:** Daniel Koehler, Psy.D.  
Faith Steffen-Allen, Ph.D.

**Patient population:** Persons with spinal cord injury/dysfunction (including MS, ALS, Guillain-Barre, viral meningitis/myelitis, and other neurological disorders affecting the CNS), ages 18 to 90; duration of injury from a few days to 60 years. Admitted for rehabilitation, medical/surgical problems/complications, and annual checkups.

**Psychology's role in the setting:** Assessment and treatment of cognitive, psychological, and social functioning for patients admitted for acute rehabilitation, annual evaluation, or medical/surgical problems. Emphasis is on utilizing assessment informed intervention to support active engagement in care planning as well as immediate and ongoing adjustment and coping with SCI/D and associated medical and psychiatric conditions. This includes psychological intervention to address issues of mood, coping, pain, treatment adherence, behavior, sleep, etc. SCI Psychology frequently consults and cotreats with the other treatment disciplines as part of a close interdisciplinary treatment approach to address barriers to treatment participation and optimize recovery. Brief neuropsychological evaluations and assessment of patients' functional cognition are often completed to provide recommendations to the IDT and patients

## Focus Area Descriptions

regarding strategies to enhance the recovery process. Capacity assessments are also common. SCI Psychology provides psychoeducation and training to staff, patients, and families/caregivers to address cognitive and behavioral considerations associated with immediate and long-term adjustment and coping with SCI/D and complex medical needs.

**Other professionals and trainees in the setting:** Physicians, nurses, physical, occupational, respiratory, speech, and recreational therapists, assistive technologists, social workers, and case managers along with trainees from many of these disciplines.

**Nature of clinical services delivered:** Neuropsychological/capacity/psychological assessment, brief individual health/behavior treatment, family/caregiver education/support, interdisciplinary consultation, staff training, patient education.

**Fellow's role in the setting:** Coordinate and participate in the provision of psychological services; assist with team functioning for a designated part of the Service. Fellows are assigned a caseload for which they assume full responsibility for all aspects of the patient's psychological care.

**Amount/type of supervision:** Individual and group supervision (at least two hours/week) focuses not only on patient and team interaction but also on systems issues. Early in the rotation, goals are mutually agreed upon and set by the Fellow and supervisor. In addition, an open door policy ensures frequent opportunities to drop in and discuss specific situations. Fellows have the opportunity to supervise interns in a tiered-supervision model.

**Didactics in the setting:** SCI Grand Rounds, Neuroradiology Rounds, frequent SCI In-services, and Patient Education Classes are available for Fellows.

**Use of Assistive Technology:** We work closely with occupational therapy and assistive technology to help patients learn to use and effectively employ adaptive equipment and technologies to augment functioning. Many of our patients use adaptive equipment and technologies to compensate for sensorimotor limitations impacting their functional cognition, mobility, and communication.

**Pace: Moderate-Fast;** Approximately 5-8 patients are admitted weekly. Students have the opportunity to take on both new injury patients for rehabilitation, act as a consultation-liaison for medical-surgical patients, and complete annual evaluations for those with history of SCI. Case-load ranges based on the census with an average of approx. 4-6 active patients/week, though this depends on clinical decisions made jointly with the Fellows and supervisor. Weekly functions include completing intake evaluations, brief neuropsychological screening evaluations (if indicated), capacity evaluations (if indicated), annual evaluations, individual follow-up interventions, participate in weekly interdisciplinary treatment team meetings, and write appropriate documentation. Fellow needs to be self-initiating and self-structured.

**Time requirement:** A full-time, 4-6-month rotation is usually required to become integrated into this complex system and to become a fully functioning member of the team. Accommodations can be made for three-month full time rotations when indicated.

**Specialty Competencies Emphasized in Training Rotation:** Functional competencies of Rehabilitation Psychology, Neuropsychology, and Geropsychology are emphasized throughout the training rotation.

We work from a biopsychosocial model of wellness that focuses on understanding one's general functioning from a cognitive, psychological, and social basis, promoting autonomy and reducing the impact that one's disability has on their life satisfaction. Fellows will have an opportunity to learn how to modify neuropsychological assessment based on sensory and motor limitations of our patient population, directly implement recommendations with patients and the treatment team, utilize adaptive equipment to augment functioning, and have exposure to individuals with a wide-array of cognitive symptoms including: co-occurring TBI, stroke, MS/ALS, and various dementia profiles. Fellows are also trained in modifying evidence based treatment modalities to fit the unique needs and limitations of the SCI/D population to enhance coping effectiveness.

The Spinal Cord Injury Center is a 48-bed facility located in Building 7 at the Palo Alto Division. The SCI Center is internationally recognized for providing excellent, state-of-the art care to Veterans with new injuries as well as long-term follow-up. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service treats any complications as well as performs health care maintenance.

## Focus Area Descriptions

Therefore, many different problems are seen by the Psychology Fellow during this Inpatient Medical/Surgical rotation. The major goal of the rotation is to learn how to function in an inpatient medical/surgical setting as a member of an interdisciplinary team, providing services for the assessment, prevention, and treatment of psychological distress and neuropsychological difficulties to promote coping and adjustment to SCI/D as well as promote effective engagement with their treatment team

*Reviewed by:* Daniel Koehler, Psy.D.

*Date:* 9/23/21

### **The Western Blind Rehabilitation Center (Building T365, MPD)**

**Supervisor:** Laura J. Peters, Ph.D., Staff Psychologist

**Patient population:** Primarily geriatric Veterans coping with visual impairment and other health issues. A subset of Active Duty, younger Veterans and older Veterans who have brain injuries and sight loss and are in our Comprehensive Neurological Vision Rehabilitation Program.

**Psychology's role in the setting:** The psychologist provides direct care to Veterans and serves as a consultant to rehabilitation therapists.

**Other professionals and trainees in the setting:** Other staff is Masters and Baccalaureate level trained Blind Rehabilitation Therapists focusing on orientation and mobility, visual skills, manual skills, living skills and technology. Orientation and Mobility and Living Skills Trainees are often present, as are Psychology Practicum Students and Psychology Interns.

**Clinical services provided:** Intake Evaluations and Cognitive Screens of Veterans on admission; participation in treatment planning meetings; provision of short-term psychotherapy; psychoeducational group leader; and interventions with staff working with the Veterans. The psychology Fellow could also meet with Veterans' family members who come to the Blind Center for Family Training.

**Fellow's role in the setting:** Fellows participate in evaluations of Veterans, provision of short-term individual psychotherapy, running a large psychoeducational support group and relaxation group, presenting at treatment planning meetings, and interventions with staff working with Veterans.

**Research:** N/A

**Amount/type of supervision:** Two hours of formal supervision would be offered for a half-time rotation. Informal supervision would be readily available as the supervisor is on site.

**Didactics in the setting:** Fellows are given didactic and hands-on Blind Rehabilitation Training. Trainees are sensitized to the issues of working with Veterans with acquired disabilities.

**Use of Digital Mental Health tools:** Digital Apps such as PTSD Coach and Mindfulness Coach may be utilized.

**Pace:** For a half-time Fellow, working-up new admissions (two to three) a week with written report with turnaround of one to two working days is required. The Fellow may also carry one to two patients for short-term psychotherapy as available. Progress notes are written on each psychotherapy session as soon as possible. Attendance at patient treatment planning meetings and consultation with staff would also be part of the Fellows' weekly duties as possible.

**Pikes Peak Competencies:** Cognitive Psychology and Change; Social/Psychological Aspects of Aging; Biological Aspects of Aging; Psychopathology Issues Relevant to Aging; Problems in Daily Living; Sociocultural and Socioeconomic Factors; Specific Issues in Assessment of Older Adults; Assessment of Therapeutic and Programmatic Efficacy; Treatment Modalities adapted for those who are aging with sensory deficits: Individual Psychotherapy (Psychoeducational, Cognitive-Behavioral, Mindfulness, Motivational Interviewing, Acceptance and Commitment Therapy, Relaxation, Pain Management, Sleep Interventions; Smoking Cessation) ; Group Psychotherapy (Psychoeducational and Peer Support; Problem-Solving Therapy); Family Psychoeducation; Risk Management: Suicide and Elder Abuse and Self-Neglect Screening; Suicide Safety Plans; Coordinating Mental Health Follow-up Care; Decisional Capacity; Application for Probate Conservatorship; Consultation with Psychiatry as

## Focus Area Descriptions

appropriate; Daily interaction with an interprofessional team; Special Ethical Issues: Confidentiality is at the Team Level.

The Western Blind Rehabilitation (WBRC) is recognized internationally as a leader in rehabilitation services, training, and research. WBRC is a 24-bed residential facility, which provides intensive rehabilitation to legally blind Veterans learning to adjust to and manage sight loss. It is staffed by 30 blind rehabilitation specialists and over 200 Veterans go through the program each year.

The typical client is approximately 75 years old and is legally blind due to some progressive, age-related disease, although the age range is from the 20's through the 90's. The individual whose vision becomes impaired often must face a variety of losses. Those with partial sight, as opposed to those who are totally blind, often must learn to live with a "hidden disability" -one, which is not readily identifiable by others. Such hidden disabilities often elicit suspicion and discomfort in others, and lead to interactions in which the visually impaired individual is "tested". Finally, many of the individuals who are admitted to WBRC, in addition to losses and changes associated directly with vision loss, face losses associated with retirement from employment and chronic illness. Fortunately, losses and changes experienced by those with vision impairment are offset by the acquisition of adaptive skills and personal reorganization. The psychologist's role at WBRC is to facilitate the process of adaptive adjustment to sight loss through the provision of assessment, psychotherapy, and staff consultation. The orientation of the supervisor is Cognitive-Behavioral. The focus is on brief psychotherapy since Veterans are in the program for six to eight weeks on average. Both concrete actions Veterans can take to improve their lives as well as changes in thinking patterns related to how to go on in the face of a catastrophic disability are addressed. Digital Apps such as PTSD Coach and Mindfulness Coach may be utilized. Initially Fellows observe the supervising psychologist. Fellows then move toward being observed while on the job and then working independently with supervision.

*Reviewed by:* Laura Peters, Ph.D.  
*Date:* 9/23/21

## Focus Area Descriptions

### Continuum of Care for Addictive Behaviors, Trauma, and Co-occurring Disorders Focus Area Training

The Continuum of Care for Addictive Behaviors, Trauma, and Co-occurring Disorders (CCATC) focus area includes training opportunities across many settings and levels of care (see Settings section below for further details). One of the goals of the fellowship is to create the opportunity for fellows to provide evidenced based treatments across the broad spectrum of VA intervention from the most intensive (e.g., ICU admission for medically supervised withdrawal) to the community level (e.g., Veteran's Justice Outreach, HUD-VASH, Compensated Work Therapy) and the steps along the way (e.g., residential, intensive outpatient, etc.). During the fellowship year, the expected competencies to be acquired will closely follow the VA/DoD Clinical Practice Guidelines for Substance Abuse Treatment (developed with the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment) and VA/DoD Clinical Practice Guidelines for co-occurring disorders and PTSD including concurrent and phase based approaches for dual diagnoses and trauma focused treatments (e.g. DBT/PE, DBT for SUDs, CPT, etc.). These specific competencies include addiction-focused psychosocial therapy, motivational enhancement strategies, evidence-based individual psychotherapy, trauma-focused treatments, group therapy, milieu therapy, consultation skills, liaison skills, assessment of specific patient populations (e.g., dually diagnosed patients, SMI patients, homeless patients), and behavioral modification techniques. These competencies form the basis of the fellowship program focus area aims and competencies.

The CCATC Fellow will spend roughly 70% time in clinical service, 10% time in program development/research, and 20% time attending didactics and providing teaching and supervision contingent on the specific fellows training plan/goals. A Psychology Preceptor will be assigned at the beginning of each training year. The Fellow and their preceptor will determine which training sites, additional rotations (e.g., Homeless Veterans Recovery Program, Veterans Justice Outreach, PTSD Clinical Team, etc.) and research tasks the Fellow will pursue, based on an assessment of the competencies the Fellow has already acquired and the competencies in which they have not yet gained experience. In addition, fellows will participate in multiple multiculturally focused consultation spaces including monthly Multicultural Consultation and weekly Multicultural Mornings. It is expected that some of the time (in clinical service, research, or provision of supervision) will provide greater depth of experience in a competency area (or areas) in which the Fellow has particular interest.

The Fellow will participate in interprofessional team meetings, attend and deliver in-service presentations, and actively engage in team treatment planning and case management. At least 10% of the Fellow's time will be dedicated to research, program development and/or program evaluation. Ongoing projects include but are not limited to the following: diversity/multiculturally focused rollout across supervision, team and client spaces, implementation of brief motivational techniques by paraprofessionals, Functional Magnetic Resonance Imaging of methamphetamine-induced psychosis, exploration of familial engagement in SUD treatment, Acceptance and Commitment Therapy rollout, In-Vivo and Trauma focused track implementations, projects looking at the efficacy of mindfulness-based breathing techniques as compared to Cognitive Processing Therapy, biofeedback and emotional management techniques in relapse prevention, as well as program evaluation, outreach with Veteran Peer Specialists and quality improvement projects at each training site.

In this focus area, **outpatient treatment training** will occur in the Addiction Consultation & Treatment (ACT) team, which provides group, individual and community reinforcement psychotherapy as part of our Intensive Outpatient Program, comprehensive evaluations, motivation enhancement and case management for individuals entering residential treatment, consultation, liaison and motivational interventions for Veterans receiving treatment within our hospital systems, through Veterans Justice Outreach and within other VA hospital systems and trauma focused interventions for Veterans engaging at the various levels of

## Focus Area Descriptions

ACT care. Interventions and theoretical orientation are focused on evidence based scientifically driven modalities with fellows having the unique opportunity to participate as an integrated member of a comprehensive DBT team. **Residential treatment training** can occur in one of three residential rehabilitation programs: Foundation of Recovery Program (flexible length of stay, Addiction Treatment Program with 19 beds), First Step Program (90-day Addiction Treatment Program with 30 beds), and the Homeless Veterans Rehabilitation Program (180-day National Center of Excellence in the treatment of homelessness with 70 beds, described in more detail below). The residential programs all provide 1) EBT-based milieu treatment including community meetings; 2) Small group therapy; 3) Case management; 4) Psychoeducational skills-building classes (e.g., relapse prevention, 12-Step Facilitation, communication, Skills Training in Affective and Interpersonal Relationships [STAIR]); 5) Recreational and leisure activities; and 6) Weekly aftercare outpatient groups. There are also opportunities to provide Cognitive Processing Therapy and Prolonged Exposure to Veterans participating in these programs.

Another optional training opportunity is offered through the Veterans Justice Outreach Program (see below). Finally, the Fellow will also have the opportunity to work with researchers in the HSR&D Center for Innovation to Implementation (Ci2i, described in more detail below) on new or ongoing research relevant to the focus area and the fellow's clinical and research interests.

The individualized **training plan** for the CCTAC Fellow will be developed with the assistance of their Primary Preceptor who will collaborate with the fellow to plan the fellow's over-all program, ensure sufficient depth and breadth of experience, and which of the faculty will serve as supervisors during the fellowship year. The Training plan will specify in which of the many possible training venues the Fellow will have comprehensive rotations with options of mini-rotations (e.g., DBT, ACT, CPT, Motivational Enhancement Training). The aim is to ensure attainment of general clinical competencies as well as to provide experience in each of the focus area-specific competencies.

*Reviewed by:* Kimberly L. Brodsky, Ph.D.;  
*Date:* 9/22/21

## Rotation Sites:

### Addiction Consultation & Treatment (ACT) (Building 520, PAD)

**Supervisors:** Kimberly L. Brodsky, Ph.D.  
Melissa Mendoza, Psy.D.  
Melissa O'Donnell, Psy.D.  
Daniel Ryu, Psy.D.  
Emily Wharton, Psy.D.  
Joshua Zeier, Ph.D.

**Patient population:** Veterans struggling with substance use, substance related and addictive illnesses, comorbid trauma and stressor-related illnesses, mood and anxiety spectrum illnesses, severe mental illness, etc. Veterans are demographically diverse, with a significant portion homeless and OIF/OEF.

**Psychology's role:** Dr. Brodsky serves as the Program Director for the inter-professional team leading the Addiction and Consultation Treatment (ACT) service and is currently also serving as the Acting Director of Addiction Treatment Services. Drs. Mendoza, O'Donnell, Ryu, and Zeier are staff psychologists in our ACT clinic. Dr. Mendoza specializes in dual diagnosis, trauma-based interventions and Dialectical Behavioral Therapy. Dr. O'Donnell specializes in evidence-based treatment for addiction and trauma-related disorders, with a special interest in the role of shame and stigma. Dr. Ryu has a special interest in multicultural dialogues, systems- and community-focused interventions, traumatic stress in the context of oppression, and the role of social justice advocacy in mental healthcare. In these roles, psychology provides liaison and training within the hospital, our medicine service, our residential treatment programs and our inpatient psychiatric service. Dr. Zeier has specialization in motivational interviewing, dual diagnosis, and clinical issues relating to incarceration and disinhibition. Dr. Brodsky also serves as an affiliated professor



## Focus Area Descriptions

with Stanford Medical School, working together with Dr. Zeier (an affiliated clinical instructor with Stanford), Dr. Mendoza, Dr. O'Donnell, and Dr. Ryu to provide training to our psychiatry residents in addiction medicine and treatment. Psychologists within the ACT team provide consultation and supervision to our LCSWs regarding evidence-based treatments and complicated cases. The psychologist liaises with our ACT, Foundations of Recovery (FOR) and First Step psychiatrists in working with Veterans to provide Opioid Replacement Therapy (ORT) through our Pharmacotherapy of Addictions Resident Clinic (PARC), psychoeducation for families and Veterans, motivational interviewing to enhance engagement and treatment planning to meet Veterans' goals.

Psychologists within ACT also provide group therapy and serve as individual therapists for our Intensive Outpatient Program (IOP), which serves Veterans from a harm reduction standpoint, as an outpatient, step-down and step-up service with our residential treatment programs. Psychologists lead ATS case conferences discussing complicated cases and enhancing team collaboration to facilitate case conceptualization and derive individualized treatment plans for Veterans. In addition, psychologists collaborate in various multicultural dialogue spaces, including monthly Multicultural Consultation, veteran led IOP community diversity committee, and staff Multicultural Mornings. Psychologists are involved in consult triage for the hospital, for our Community Based Outpatient Clinics (CBOCs), with our Veterans Justice Outreach and HUD-VASH teams. Psychologists also assess for and implement emergent and planned hospitalization surrounding suicidality, homicidality, grave disability and medically supervised withdrawal. Psychologists work with the team to provide ambulatory, medicine and psychiatric detoxification, respond to and triage consults within and outside the hospital VISN and coordinate inter-facility services. Psychologists also provide telehealth services, including groups, individual sessions and evaluations.

### **Other professionals and trainees:**

Psychologists

Psychiatrists

Licensed Clinical Social Workers

Recreation Therapists and Recreation Therapist Assistants

Nursing Staff

Addiction Therapists

Marriage and Family Therapist

Chaplaincy

Post-doctoral Fellows

Psychiatric Residents (2nd year)

Medical students

Veteran Peer Specialists

**Nature of clinical services delivered:** Clinicians provide group, individual and community focused psychotherapy as part of our Intensive Outpatient Program, comprehensive evaluations and case management for individuals entering residential treatment, consultation, liaison and motivational interventions for Veterans receiving treatment within our hospital systems, through Veterans Justice Outreach and within other VA hospital systems. Interventions and theoretical orientation are focused on evidence based scientifically driven modalities. Fellows will have the unique opportunity to participate as an integrated member of a comprehensive DBT team. Fellows will also have the opportunity to take leadership roles in multicultural spaces and develop/apply skills in facilitation dialogue about intersecting systems of oppression and contextually-driven clinical conceptualization. Current groups are focused on ACT, DBT skills for emotional regulation, interpersonal effectiveness, mindfulness, and distress tolerance, Motivation Enhancement Therapy, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction, pain management, military sexual trauma, and groups to manage PTSD, in-vivo exposure, and the sequelae of traumatic experience.

**Fellow's role:** Fellows are full members of the inter-professional treatment teams. Fellows participate actively, serving as individual and group therapists and co-therapists. Fellows work with patients and their families and contribute to the medical record, documenting assessments and interventions. Fellows are expected to integrate science and practice, being aware of current literature supporting their work. Fellows assist in the training and education of professionals from other disciplines and within psychology. Fellows

## Focus Area Descriptions

provide evidence-based trainings, consultation and liaison with other services within the hospital (e.g. inpatient units, medical units, residential programs, OIF/OEF programs, etc.) and complete administrative/leadership tasks (e.g., staff trainings, leading team meetings, monitoring Performance Measures, program development).

The fellowship may be designed to include participation in many program components including both clinical and research activities. Current research collaborations exist with the national rollout of contingency management incentives for sobriety, Functional Magnetic Resonance Imaging of methamphetamine induced psychosis, exploration of familial engagement in SUD treatment and projects looking at the efficacy of mindfulness based breathing techniques as compared to Cognitive Processing Therapy. Ongoing data is also being collected exploring barriers to treatment, wait times, treatment outcomes and program evaluation and matching levels of care to symptoms severity.

**Amount/type of supervision:** Fellows receive 1 hour of individual supervision each week and are often frequently engaged in ad hoc supervisory discussions, co-therapy and shadowing. Fellows participate and our members of our weekly 90-minute DBT consultation team meetings. Fellows receive 2 or more hours of group supervision, including a supervision focused specifically on groups. Fellows work collaboratively with the ACT team in providing evaluation and treatment of all Veterans and function as co-therapists, with the staff psychologists, for the daily psychotherapy groups as part of our Intensive Outpatient Program.

**Didactics:** Fellows are encouraged to participate in and present at the Mental Health Continuing Education Series, occurring at noon on Tuesdays, the FOR Continuing Educations Series, occurring at 3PM on Mondays, the Thursday didactic series for psychiatry residents through Stanford Medical School, the IOP Therapists Consultation meeting and our weekly ACT Thursday morning programmatic meeting.

**Use of Digital Mental Health tools:** Fellows on this rotation conduct psycho-diagnostic evaluations for Veterans at outlying clinics/hospitals via telehealth and have the opportunity to provide group and individual therapy via telehealth and our video connect system.

**Pace:** ACT is an extremely busy service providing addiction and dual diagnosis treatment, consultation, liaison and evaluations across VAPA and to other VISNs (e.g. SFVA, NorCal VA). Addiction treatment is inherently challenging and fast paced requiring responsiveness to emergent situations. Workload is heavy and requires development of skills necessary to organize time efficiently, manage liaison and consultation with professionals of various training backgrounds by role modeling evidence based perspectives and flexibly responding to individuals with a broad range of presenting issues.

Addiction-related issues affect a massive proportion of our Veterans across all ages and demographics. While rotating through ACT fellows have the opportunity to hone their general clinical skills while enhancing expertise in the treatment of substance use disorders and frequently co-occurring illnesses and cultivating motivation towards change through effective collaboration with a client to meet their goals. ACT is also an ideal rotation for professional development through liaison, management of systems related issues, consultation with professionals from various backgrounds and cultivation of opportunities to provide evidence-based training and perspectives. The successful fellow will hone their ability to function skillfully in team facilitation, enhance the skills of other professionals through mutual learning, participate in program development and respond to outcome driven data, respond functionally to emergent situations and creatively navigate systemic roadblocks while providing evidence-based treatment, evaluations, and assessments.

*Reviewed by:* Kimberly L. Brodsky, Ph.D.

*Date:* 9/22/21

## Focus Area Descriptions

### Dialectical Behavior Therapy (Mini-Rotation)

Available at the Addictions Consultation and Treatment program

Supervisors: Kimberly L. Brodsky, Ph.D.

Melissa Mendoza, Psy.D.

Melissa O'Donnell, Psy.D.

Daniel Ryu, Psy.D.

Emily Wharton, Psy.D.

Joshua Zeier, Ph.D.

Dialectical Behavior Therapy (DBT) is a comprehensive and multimodal psychosocial treatment for individuals with complex, severe, and chronic behavioral problems and emotion dysregulation. DBT has garnered significant empirical support in terms of its effectiveness in reducing suicidal thoughts and acts, decreasing the frequency and duration of inpatient hospitalizations and residential treatment, increasing treatment retention, reducing substance use, and promoting improved coping and functioning for individuals who commonly present with suicidal behaviors and/or addictive behaviors. DBT is consistent with recovery-oriented initiatives, in that it provides a frame for active and collaborative treatment relationships and shared decision making. DBT is a behaviorally-based intervention designed to enhance client capabilities, improve motivation, promote skills acquisition and generalization, support treating therapists, and structure the environment to support recovery. The DBT mini-rotation will provide a combination of didactic and supervised clinical experience in the use of DBT with dually diagnosed individuals participating in the Addictions Consultation and Treatment clinic and across trainees' rotation settings. ACT clinical staff have been intensively trained in DBT and the ACT Intensive Outpatient Program has all four modules of skills training DBT groups. As a part of this mini-rotation, trainees will have participate once monthly in a multicultural consultation space in which an ecological model is applied to understanding veterans in the context of intersecting systems of oppression. Trainees will have the opportunity to participate in a comprehensive DBT team providing individual therapy, group skills training, and phone coaching in addition to participating in a weekly DBT consultation team, once monthly multicultural consultation, and receiving DBT informed supervision. Additionally, other target populations can be included depending on interest and availability and as supported by individual rotations (e.g. opportunities to work with clients in PE/DBT, etc).

**Amount/type of supervision:** A minimum of 1.5 hours per week of group supervision in DBT consultation, trainees can also receive individual DBT informed supervision and participate in a group supervision focused on group modalities. Opportunities to be observed and recorded or to co-lead DBT skills groups are available.

**Didactics in the setting:** Participation in the DBT mini-rotation includes reading and reviewing articles, chapters and books specific to DBT and the underlying theory.

**Mini immersion:** During the training year, participation in a day long Introduction to DBT workshop to assist with learning DBT concepts.

**Use of Digital Mental Health tools:** None.

**Small Project:** Each supervisee will be asked to create an educational product related to DBT. This can include dissemination, evaluation, client interventions, therapist trainings, review of literature (determined by supervisor and supervisee depending on interests), etc.

*Reviewed by:* Kimberly L. Brodsky, Ph.D.

*Date:* 9/22/21

## Focus Area Descriptions

### **Foundations of Recovery (FOR), Addiction Treatment Services (520, PAD)**

**Supervisors: Kimberly L. Brodsky, Ph.D.**

**Emily Wharton, Psy.D.**

**Patient population:** Veterans seeking assessment and treatment for substance use and dual diagnosed PTSD and mood disorders. FOR provides residential substance use disorder treatment to Veterans with moderate to severe substance use disorders (SUDs) and co-occurring mental health and medical conditions. The most common psychiatric co-morbidity is PTSD, diagnosed in approximately 43% of the patients seen each year since 2013. Given the complexities of these Veterans we are offering Veterans tailored treatment tracks.

#### **Psychology's role:**

The FOR psychologist is actively engaged in program development (based on empirically supported methods) to provide patient-centered care in a residential treatment community setting. She serves as the primary supervisor with psychology interns and practicum students. Dr. Brodsky specializes in PTSD/trauma-focused care, third-wave therapies: Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and often serves as a clinical liaison and advocate for Veterans involved in the criminal justice system and/or court mandated to treatment. The role of psychology is diverse and focuses on a comprehensive and holistic approach to Veterans' care. This can include intake/admission assessment and follow-up psychological testing (e.g. differential diagnosis and/or personality screening) as needed to inform case conceptualization, treatment planning and prioritize treatment needs; particularly within clinically complex cases. Psychology also liaises and consults with the interdisciplinary team on an ongoing basis to develop treatment recommendations and individualized treatment planning. As such, psychology provides psychotherapy including Motivational Interviewing/Motivational Enhancement Therapy (MET); targeted Dialectical Behavior Therapy (DBT) skills training, and cognitive behavioral techniques to manage mood, anxiety, and PTSD. Longer prescribed trauma treatments such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are provided on an individual case-by-case basis when clinically indicated. Other daily duties include facilitation of process groups, community meetings, and a variety of psychoeducational groups.

#### **Other professionals and trainees:**

1 Psychiatrist (Medical Director), 4 Social Workers (1 Program Manager), 1 Nurse Practitioner, 2 Registered Nurses, 2 Licensed Vocational Nurses, 1 Recreation Therapist, 1 Chaplain, 1 administrative program specialist, 1 social work intern, monthly rotating psychiatry residents and medical students, psychology interns

#### **Clinical services delivered:**

##### **Targeted Treatment Tracks: PTSD, Health, Behavioral Mental Health, Transitional**

PTSD track includes trauma-focused exposure therapy, cognitive behavioral skills groups.

Flexible length of stay is offered to Veteran who pursue prescribed individual PTSD treatment to facilitate full round of treatment. Treatments can include individual Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).

Health Track includes mindfulness-based stress reduction, tenants of Acceptance and Commitment Therapy, and psychoeducation groups on health topics

Behavioral Mental Health includes DBT skills groups, anxiety and mood management.

Transitions include case management, community reintegration and problem solving therapy. Milieu treatment including community meetings following a modified therapeutic community model

Psycho-educational skills-building classes including Cognitive Behavioral Coping Skills, DBT Skills, CBT for Trauma, In-Vivo Exposure for Trauma, Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction, Tobacco Treatment Community Reinforcement Approach, Seeking Safety, Stress Reduction, Communication, 12-step Facilitation, Motivational Enhancement, and Problem Solving

Individual assessment, crisis intervention, short-term therapy, and psychological testing  
Family and couples therapy

## Focus Area Descriptions

Medication management and medical treatment and intervention

Recreational and leisure activities

### Fellow's role:

Fellows are expected and welcome members of our interprofessional team. In addition to honing clinical skill sets across individual and group therapy, fellows are encouraged to work on professional development, consultation, and liaison with interdisciplinary team and other multidisciplinary clinics. Fellow are full and active members of the FOR team, contribute to rehabilitation of Veterans during their treatment and facilitate continuity of care in preparation for discharge from our residential program. Opportunities to educate, learn, train, provide administrative support, and take on leadership roles (staff meetings, trainings, program development, layered supervision, program outcomes) are abundant and supported.

#### *Clinical Activities*

- Conducts admission interviews

- Plans individualized treatment

- Implements therapeutic community principles

- Co-leads community meetings, process/support groups, and psycho-educational groups

- Manages the care of a resident to include case management and discharge planning

  - Documents clinical activities including admission interviews, progress notes, integrated clinical summaries

  - Administers psychological testing and produces integrated reports.

  - Opportunities to provide prescribed trauma-focused therapy: Prolonged Exposure and/or

  - Cognitive Processing Therapy (CPT). This can include certification in CPT.

  - Provision of brief family/couples therapy as clinically indicated during Veteran's stay

#### *Research/ Program Evaluation Activities*

Participate in tracking patient demographics, characteristics and outcomes

Additional optional activities depend on interests of the fellow (e.g., designing outcome assessments, designing psycho-educational interventions, conducting clinical research, program development, supervisory role)

#### *Administrative Activities*

Completing administrative/leadership tasks as assigned by Postdoctoral Supervisor and program leadership (including but not limited to staff training, monitoring Performance Measures, liaison with other hospital programs)

**Amount/type of supervision:** At least one hour of weekly supervision provided by primary supervisor, with additional group supervision, twice daily staff meetings, and frequent informal contacts. Orientations include cognitive-behavioral and integrative with special emphasis on multicultural issues, and community reintegration issues. A development, scaffolding approach to supervision of fellows is modeled.

**Didactics:** Participation in FOR education and training presentations and in training opportunities available through the VA Department of Psychology. Attend weekly Mental Health CME lunches through VA Department of Psychiatry. Past FOR trainings have included: DBT for SUD, Integrated PTSD/SUD treatment, Boundaries, DSM-5, Military Culture, OEF-OIF Veterans, "Does NA/AA Work?", Personality Disorders and Substance Use, Gender and Substance Use, Motivational interviewing/Motivational Enhancement Therapy (MET).

**Use of Digital Mental Health tools:** Telehealth regularly utilized

**Pace:** Timely documentation is expected following significant clinical contact with patients. Assessments must be completed in a timely manner so that case can be presented to the FOR team. Patients that are followed for case management have once a week case management contacts.

The Foundations of Recovery program provides ongoing assessment, recovery planning, psycho-education, and support within a social setting that values personal responsibility, problem-solving, coping skills development and practice, personal relationships, and leisure to Veterans new to recovery.

By the end of the rotation, a fellow can expect to be familiar with the full continuum of empirically-supported treatment and rehabilitation services for Veterans with SUDs of varying severities and comorbidities. Fellows will become skilled in assessment, evidence based psychotherapy, prescribed treatments, liaison with justice system, case management, and facilitating large and small groups (both

## Focus Area Descriptions

process and psycho-educational). Fellows will also gain the invaluable experience of working in a residential treatment setting, develop an understanding of the design and operation of a milieu, and learn how to work effectively as a member of a multidisciplinary treatment team.

*Reviewed by:* Kimberly L Brodsky, Ph.D.

*Date:* 09/22/2021

### **Domiciliary Residential Rehabilitation Treatment Program (DR RTP) Service (Building 347, Menlo Park Division)**

*\*Note: the two residential programs under Domiciliary Service merged in 2021 into a single program with two different tracks; interested applicants should note that there are opportunities for involvement in everything outlined under both tracks since there is now only one program.*

**A. Recovery Track (formerly First Step Program) – A 90-day residential substance abuse treatment program**

**B. Housing Track (formerly Homeless Veterans Rehabilitation Program) – 180-day residential National Program of Clinical Excellence**

### **Recovery Track (347-A)**

**Supervisors: Timothy Ramsey, Ph.D.**

**Residents:** The population includes Veterans of all genders with substance use disorders (SUDs), ranging in age from mid-twenties to late 60's. Most of the residents are middle-aged men, usually with chronic and severe SUDs, often complicated by histories of social and occupational impairment along with concurrent moderate, though stable, psychiatric and/or medical disorders.

**Services:** Milieu treatment including community meetings, case management, psychoeducational skills-building classes (e.g., relapse prevention, 12-Step facilitation, emotion regulation/coping, relationship/communication, cognitive-behavioral skills, Acceptance and Commitment Therapy, sexual health), recreational and leisure activities, and a weekly aftercare outpatient group. All Veterans receive individual psychotherapy from program staff or trainees. Veterans also receive wrap-around service of case management, psychiatry, and medical care. The program attends regular outings or hosts BBQs for invited family members as part of learning to socialize without substances under normal circumstances.

**Staff and trainees:** Four psychologists, one psychiatrist, four social workers, one recreation therapist, a chaplain, two addiction therapists, five health technicians, one nurse, one nurse practitioner, four LVNs, and a medical support assistant. Trainees have included psychology, recreation therapy, and social work interns, psychology practicum students, chaplain and nursing students. There are between 2 and 4 trainees at a time in this setting including practicum students, interns, and postdoctoral fellows.

**Psychology's role:** Psychologists manage the program, and, along with the other staff, design the community groups and interventions based on empirically supported methods, assess and provide therapy for patients, participate in individualized treatment planning, co-lead psychoeducational groups/classes, and provide consultation and training for staff.

**Fellow's role:** The Fellow's training experience may be designed to include participation in many program components, with a recommended balance of 50% clinical activities, and 50% research/administrative activities:

- Clinical Activities
  - Residential treatment: Facilitating psychoeducational groups and skills training groups/classes (e.g.CBT-based relapse prevention, MAAEZ 12-Step facilitation),

## Focus Area Descriptions

STAIR/DBT emotion regulation/coping, relationship/communication, and general cognitive-behavioral skills), participating in milieu meetings, conducting individual assessments and interventions including individual psychotherapy to a small caseload, and serving as mental health consultants to the para-professional staff.

- Aftercare: Facilitating support groups, assisting in developing support systems and managing life problems, vocational counseling.
- Research Activities
  - Participating in ongoing research projects and/or new studies concerning the treatment of substance use disorders and co-occurring disorders.
- Administrative Activities
  - Completing administrative/leadership tasks as assigned by the Service Chief or the Clinical Coordinator (e.g., staff training in empirically-supported treatments, development of regional and national policy regarding residential rehabilitation treatment).

**Amount/type of supervision:** At least one hour of weekly supervision provided by primary supervisor, with additional group supervision and didactics for consultation for topics such as Cognitive Processing Therapy and/or CBT for Substance Use Disorders; daily staff meetings, co-leading groups, reviewing notes, and frequent informal contacts. Orientations include cognitive-behavioral, ACT, psychodynamic, interpersonal, and family systems.

**Didactics:** Participation in Domiciliary Service education and training presentations. Principles of therapeutic community and groups (interactional and psycho educational), and, in March, a 16-hour class on SUD is provided for all Fellows.

**Use of Digital Mental Health tools:** Opportunity to assist Veterans with VA-approved apps for substance use, PTSD, and memory assistance. There is a recently created App for emotion management and self-soothing. We utilize videoconferencing for psychiatry coverage and encourage trainees to sit in on initial assessments.

**Pace:** Typical fellow workday:

- Attend and eventually lead staff meetings (twice daily)
- Co-lead community meeting (weekly)
- Co-lead psychoeducational group (once or twice weekly)
- Provide individual psychotherapy to small caseload (5-6 hours per week).
- Write electronic notes (treatment plans, progress notes, provider admission/intakes, and discharge summaries, comprehensive suicide risk evaluation, and suicide safety plans).
- Work on special self-selected projects: program development, research etc

Timely documentation is expected following significant clinical contact with residents in the program. Fellows are expected to complete clinical assessments at the time of admission, discharge, and/or integrated clinical summaries prior to treatment reviews.

Due to changes necessitated by COVID 19, we have recently expanded our treatment to include approximately 20 weekly outpatient groups, telehealth sessions for individual psychotherapy, case management and nursing assistance. We have been able to work more extensively with veterans who are continuing some form of substance use, utilize MI, and implement harm reduction strategies (which are usually not practical in a residential setting).

Substance use disorders (SUDS) are the most prevalent of all psychiatric disorders. Most Recovery residents use multiple substances, with alcohol, nicotine, cannabis, methamphetamine, cocaine, and heroin being the most common. Nearly all of our patients are dually diagnosed and benefit from individual psychotherapy in addition to the general classes, groups and therapeutic community. Fellows can learn and practice therapy for PTSD, Anxiety Disorders, Mood Disorders, Psychotic Disorders, Cognitive Impairments, and Personality Disorders. Therapeutic interventions are drawn from CBT, DBT, ACT, psychodynamic, solution-focused, and interpersonal models.



## Focus Area Descriptions

The Recovery Track is a 90-day Residential Rehabilitation, therapeutic community with a cognitive-behavioral treatment approach that provides ongoing assessment, recovery planning, psychoeducation, and support within a social setting that values personal responsibility, problem-solving, practice, personal relationships, and play. An ongoing weekly aftercare group is also offered. The program houses a maximum of 30 Veterans and each is assigned a case manager at the time of admission. Veterans complete 90 days of residential care and are encouraged to complete 12 weeks of aftercare in order to be considered graduates of the program.

The overall goal of the postdoctoral fellowship experience in the Recovery Track is to provide fellows with a variety of experiences in an applied setting, using a scientist-practitioner framework. The fellow will provide some direct service to the Veterans in the program and participate in training the paraprofessional staff on recent advances in the area of substance abuse treatment based on evidenced based practices. The fellow is strongly encouraged to assist with program development and research supporting effective residential substance abuse treatment. There are opportunities to observe and practice leading an interdisciplinary team consisting of a psychiatrist, medical staff, a social worker, and several addiction therapists and health technicians. The fellow will also have an opportunity to be involved in the leadership and decision-making process, participate in strategic planning, attend regional and national conferences and trainings, and network with other professionals to strengthen career opportunities.

The Program was awarded the 2017 United States Department of Veterans Affairs Secretary's Award for the nation's most outstanding achievement in ending Veteran homelessness. This award is given to honor the one VA facility each year that is on the forefront of the mission to end Veteran homelessness through outstanding clinical practice and empirically demonstrated outcomes.

*Reviewed by:* Timothy Ramsey, Ph.D.  
*Date:* 9/28/21\*

### **Housing Track, (347-B, MPD)** **Supervisors: Amy Wytiaz, Ph.D.** **Michael Vallario, Ph.D.**

**Patient population:** Men and women Veterans who have been homeless for periods ranging from less than one month to over 10 years. Nearly 100% have active, chronic Substance Use Disorders, and the majority meet criteria for at least one other psychological condition (i.e., 60% mood disorder, 75% PTSD or other anxiety disorders, 3% Schizophrenia or psychotic spectrum disorder and 8-10% Personality Disorders). Rates of PTSD have dramatically increased among our population, such that DRRTP has implemented EBTs for PTSD, including individual and group therapies. We are also experiencing a rise in a range of mild to moderate Cognitive Disorders, such that cognitive screens and use of compensatory strategies and adapted interventions are common. DRRTP is a setting in which trainees may expect to see a variety of comorbid psychological and medical conditions.

#### **Psychology's role:**

Direct clinical service: Participation in all milieu activities, including facilitation of larger community meetings, individual psychotherapy, small process group therapy and psychoeducational classes; intake assessments and diagnostic interviews; therapeutic support delivered as "micro-interventions within the milieu; treatment planning and risk assessment and safety planning. Psychologists and their trainees also provide case-conceptualizations and serve as clinical consultants to other services on the treatment team (e.g., Psychiatry, Social Work, Addiction Therapists, Nursing, etc.). Every trainee at DRRTP in the past 5 years has developed and implemented a group of their choice with support from their supervisor.

## Focus Area Descriptions

**Administration:** Social Workers fill the positions of Chief and Assistant Chief of the Domiciliary Service and Program Manager. Psychologists serve as Coordinators of Clinical Services and are responsible for a number of administrative tasks, such as implementing EBTs and new clinical material; medical records review; participation on VACO and local VISN 21 work groups; and general program development activities. Psychologists also serve as Acting Program Director, when needed.

**Research:** A psychologist has been the principal investigator on every study conducted at DRRTP. There is one psychologist dedicated to 50% time on program evaluation and development. This psychologist is also responsible for presenting quarterly data on DRRTP's established goals and benchmark outcomes. Trainees may elect to participate in these activities.

### Other staff and trainees:

- 7 Social Workers (Domiciliary Chief, Domiciliary Assistant Chief, Program Manager, and 2 staff Social Workers)
- 4 Psychologists (3 100% clinical and 1 50% clinical and 50% research)
- 3 Registered Nurses
- 6.5 LVNs
- .75 RNP
- 2 Addiction Specialists
- 1 Recreation Therapist
- 1 Psychiatrists
- 1 Physician
- 13 Paraprofessional Health Technicians or Peer Support Specialists (functioning as peers with the professional staff)

Pre- and post-doctoral psychology, social work, recreation therapy, chaplain interns and nursing students

**Clinical services delivered:** Empirically supported cognitive-behavioral techniques in an integrated therapeutic community approach. DRRTP is a therapeutic community model with EBTs and other clinical practices embedded into the milieu structure in the form of groups, classes, and individual therapies. Services delivered in various settings, including all-resident milieu meetings, group therapy, skills training and psychoeducational classes, for example, relapse prevention, cognitive behavioral therapy, communication skills classes, Skills Training in Affective and Interpersonal Regulation (STAIR), Acceptance and Commitment Therapy, CBT for SUDs, DBT, Twelve Step Facilitation, CPT- and PE-based Trauma Recovery Groups, and individual therapy, intake and diagnostic assessments and micro-interventions. Micro-interventions typically consist of brief “in-the-moment” Motivational Interviewing and CBT interventions for any Veteran struggling to integrate into the therapeutic community or to reach their goals. Individual therapy may range from general supportive psychotherapy to structured EBTs, including: CPT and PE for PTSD; CBT for Depression, Insomnia, Anxiety and PTSD; IRT for nightmares; in vivo exposure skills; Seeking Safety and DBT skills; and ACT for depression and anxiety. Depending on available opportunities, Drs. Wytiaz and Vallario will provide supervision for couples' therapy using Emotion-Focused Therapy. Given the complexity of the Veterans we serve, psychologists have typically taken an integrative approach to therapy with individual Veterans to allow flexibility and more individualized treatment planning and therapy. Interns and other trainees are encouraged to participate in National VA roll outs, such as CPT, Problem-Solving Therapy; Motivational Enhancement; etc., and to deliver these services to Veterans at DRRTP with supervision.

**Fellow's role:** Programs may be individualized to include participation in many program components, with a recommended balance of 80% clinical activities, and 20% research/administrative activities:

#### Clinical Activities:

- Residential treatment: Facilitating evidence-based and process groups and skills-based psychoeducational classes described above, participating in larger milieu meetings, conducting motivational interviews, conducting individual therapy for SUDs and PTSD (and other conditions), performing intake and diagnostic assessments, providing micro-interventions, cognitive screening and may administer psychological testing (e.g., MMPI-2; WAIS-IV; and other assessments for malingering or effort, personality structure and specific cognitive domains). Fellows are also expected to attend staff meetings and are encouraged to be an active member of the interdisciplinary team. Fellows are accepted as an active member of our treatment team and

## Focus Area Descriptions

we encourage all trainees to practice establishing their professional roles and identity. Opportunities to develop and implement group therapies are available (past Fellows have implemented 12-Step Facilitation and Smoking Cessation).

- Outreach and screening: Informing homeless Veterans and service professionals in the community about available services; assessing applicants using a biopsychosocial model. Fellows may participate in Outreach and Screening more based on person interest.
- Aftercare: Facilitating weekly evening support groups, assisting Veterans in developing support systems and managing life problems, vocational counseling, and being a liaison between DR RTP and other services Veterans are referred to as part of their aftercare plan. Also, HVRP is in the process of rebuilding their Alumni Association and trainees are welcomed to attend outings and events and help plan activities.
- Additional training opportunities may include: Attending Veteran's Court with VJO psychologists and social workers. Working with HUD-VASH and CWT staff. Receiving training in Moral Reconciliation Therapy (MRT), Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Twelve Step Facilitation, and Skills Training in Affective and Interpersonal Regulation (STAIR). If available, training and supervision in Emotion-Focused Therapy for couples. All trainees are encouraged to participate in trainings available at the VA and Stanford. DR RTP strongly supports trainees in continued development clinical and research skills.

### Research Activities:

- Participating in ongoing research projects and/or new studies concerning the treatment of homelessness, personality disorders, PTSD, and substance use disorders, with attention to the integration of research and outcome data in the clinical treatment of a homeless population.
- Participating in Program Evaluation and conducting data analyses on admission, mid program, end program, and post discharge data collected from HVRP clients.

### Administrative Activities:

- Completing administrative/leadership tasks as assigned by the Service Chief, the Assistant Chief or supervising Psychologist (e.g., analyses of group treatment fidelity, staff trainings in empirically supported treatments, development of regional and national policy regarding residential rehabilitation treatment).
- Potential opportunity to work with a VACO staff member to learn more about the structure of the overall VA and residential treatment programs as well as leadership building tools, etc.

**Amount/type of supervision:** Weekly supervision provided by primary supervisor with additional group supervision, daily staff meeting participation and many informal interactions. Treatment approaches include behavioral, cognitive-behavioral, humanistic, attachment-based psychodynamic, and interpersonal, with consultation available from any of the psychologists on staff across multiple Domiciliary programs.

**Didactics:** Participation in weekly didactic trainings which have primarily focused on in-depth and interactive exercises on CBT for SUDs, Motivational Interviewing and CPT for PTSD manualized protocols. The postdoctoral fellow may be responsible for organizing a monthly didactic seminar for Menlo Park Campus staff (which also serves to increase professional networking).

**Use of Digital Mental Health tools:** Due to the COVID-19 pandemic, clinical services are temporarily being provided via telehealth methods. Fellows are also encouraged to become familiar with available VA apps to assist in individual therapies, such as PE Coach and other mindfulness- and SUD-related apps.

**Pace:** Timely documentation is expected following clinical contact with residents in the program. Group and individual notes are to be entered within 7 days of service provided. Fellows are expected to complete clinical assessments at the time of admission, group and individual progress notes, discharge plans. DR RTP is a fast-paced training environment and supervisors will collaboratively work with fellows on developing and titrating work load appropriately.

The Housing Track is one of two residential treatment programs housed within the VA Palo Alto Domiciliary Service, which was awarded the 2017 United States Department of Veterans Affairs Secretary's Award for the nation's most outstanding achievement in ending Veteran homelessness. This

## Focus Area Descriptions

award is given to honor the one VA facility each year that is on the forefront of the mission to end Veteran homelessness through outstanding clinical practice and empirically demonstrated outcomes.

The treatment program at the Homeless Veterans Rehabilitation Program (HVRP) is characterized by the concept of personal responsibility (i.e., “I create what happens to me”), we maintain faith in the individual’s capacity for learning new behavior, we recognize the Veterans’ autonomy, and focus on the Veterans’ strengths. The program ethic is expressed as “The Five P’s”: Personal Responsibility, Problem Solving, Practice, People (Affiliation), and Play. A unique aspect of the treatment program is its emphasis on play, which is viewed as a competing reinforcer to drugs and alcohol and as a means to lifestyle change. Residents participate in activities including fishing, rock climbing, rowing, zoo outings, sports teams (e.g., city-league softball and basketball), and holiday, birthday, and graduation parties; program parties and dances. Within the treatment program, individual therapies and micro-interventions reinforce and supplement group work. Residents move through three phases of treatment during the typical 6-month inpatient stay. To advance from phase to phase, residents must demonstrate increased proficiency in skills and ongoing practice of those skills in an expanding range of settings. In addition, residents are expected to demonstrate leadership, a willingness to consider feedback from staff and peers, and the application of the personal responsibility concept to their lives. Graduation from the program occurs with an additional 13 weeks of aftercare treatment and allows the Veteran to become a part of the active Alumni Association.

The overall goal of postdoctoral fellowship training at DR RTP is to provide fellows with a variety of experiences in an applied setting, using a scientist-practitioner framework, and stressing the importance of building an effective, comfortable, professional identity. Fellows are encouraged to participate in the full array of treatment approaches, ranging from the traditional (e.g., group therapy) to the nontraditional (e.g., participation on sports teams or program outings and activities). In addition to acquiring and refining clinical skills, objectives for fellows include the following: developing competency as a member of an interdisciplinary team; acquiring a sense of professional responsibility, accountability, and ethics; becoming aware of how one’s experience and interpersonal style influence various domains of professional functioning; and developing abilities necessary for continuing professional development.

DR RTP’s diverse interdisciplinary staffing pattern is unusual for a medical center service insofar as psychologists occupy key clinical and administrative positions which allow fellows more direct access--through observation, participation, and supervision--to the processes of organizational behavior management, program development, and policy-making. This allows fellows to receive administrative and clinical leadership training in addition to the clinical training described above. Areas of available training will include the role of the administrator in the integration of services within the hospital and local community and the negotiation of national and regional policy as well as the internal administrative and program development and maintenance functions. The fellow will have an opportunity to be involved in the leadership and decision-making process of a system which is characterized by an active strategic planning and program change process, a clinically driven computerized medical records system, and a dynamic staff development and negotiation structure. DR RTP is dedicated to supporting fellows’ overall professional development and in seeking professional careers in Psychology following fellowship training.

*Reviewed by:* Michael Vallario, Psy.D.  
*Date:* 9/28/2021\*

## **Veterans Justice Outreach (347, MPD)** **Supervisor: Daniel Gutkind, Ph.D.**

### **Patient population:**

- Veterans that are involved in the justice system, specifically those in county jails, under the supervision of a court, probation and/or parole or that have frequent interaction with local law enforcement.

## Focus Area Descriptions

- Ages range from recent returnees to geriatric.
- Presenting problems include readjustment to civilian life, mental health disorders/severe mental illness, trauma/PTSD, medical disorders, substance use disorders, homelessness, reentry and transition from jail or prison, and/or domestic violence.

### Psychology's role:

- Screening for and assessment of mental health/substance use disorders
- Treatment planning, case management and/or linkage to other services
- Liaison between Veteran treatment court teams and providers providing care to Veterans involved in these courts.
- Facilitate evidence-based treatment groups targeting recidivism
- Education/training of local law enforcement, local justice systems, attorneys and community providers in Veterans issues (PTSD, SUD, TBI, Domestic Violence) and VHA resources.
- VJO Psychologist is present in jails, court and at meetings of local community legal partners (e.g., community providers, law enforcement, attorneys, courts and other justice system staff)
- Program development and evaluation
- Research collaboration with VA research programs (e.g. Ci2i; HSR&D)
- Provide training in evidence-based practices to staff and trainees.

### Other professionals and trainees:

- VJO works closely with all other programs within the Domiciliary Service as well as ACT/ATS, FOR, TRP, and other VAPAHCS clinics (e.g. San Jose and Monterey CBOCs). Psychologists, social workers, nurses, psychiatrists and paraprofessionals deliver services in all these programs and each program has a number of social work, psychology, psychiatry and nursing trainees. The VJO team itself is comprised of psychologists, social workers, peer support specialists and CWT employees.

### Clinical services delivered:

- Outreach to local County Jails doing screenings and assessments for tx planning, doing assessments for direct entry from incarceration to residential treatment in the jail, helping with re-entry planning which includes housing, benefits and making needed appointments, and using motivational interviewing to engage patients in considering change and treatment.
- Case presentation of assessments to weekly ACT/ATS consultation calls
- Outreach to Veterans Courts which includes attending court treatment team meetings and court, doing screening and assessments at the court house, doing assessments for admission to residential treatment programs either at the court house or at the Dom; using motivational interviewing to engage Veterans in considering change and treatment, facilitating Veterans' use of self-help materials and resources to support recovery; and providing organizational and educational support for courts still in development.
- Case management for patients we encounter during outreach as needed
- Offering motivational enhancement to homeless Veterans who are referred to us by local police departments (in office and over the phone in a structured way).
- Group therapy: Moral Reconation Therapy is an evidence-based CBT intervention designed to help individuals with long histories of prison or incarcerations or history of criminal/antisocial behaviors (personality disorder) reintegrate into society. This group is offered both in outpatient, as well as other ATS programs. May also have opportunity to co-lead MRT groups for MRT research study at HVRP. Other group therapy options may be developed depending on area of interest and availability of supervisor.
- Provide presentations to community (community providers, law enforcement, attorneys, courts and other justice system staff) on Veteran issues and VHA services.
- Possible individual therapy depending on area of interest and client need

### Fellow's role:

- This rotation can be done as a Minor rotation.
- The trainee's role is very flexible.

## Focus Area Descriptions

- All clinical activities above are available, but the specifics of what the trainee will do will depend on the trainee's schedule, what opportunities are available on the particular days the trainee does the rotation and the trainee's training goals.
- There are ample opportunities for program development and ongoing program evaluation that the trainee can participate in. The rotation is also open for development of new program evaluation as data needs are identified.
- There is additional opportunity for research focused on Veterans justice programs in collaboration with other VA research bodies (e.g., Ci2i, HSR&D).

### Amount/type of supervision:

- Supervision is usually conducted in vivo as we are engaging with Veterans in jail and court, and will include at a minimum ½ hour per week (as a minor rotation)
- As needed for case presentations to Addiction Consultation and Treatment Team when completing assessment for Veterans to enter residential tx.

### Didactics:

- Participation in Domiciliary Service education and training presentations as scheduled.
  - Past presentations include Teaching of Communication Skills, Utilization of Cognitive Behavioral Techniques, and Motivational Interviewing.
- Didactics also available during optional group supervision (if scheduled by other Dom rotations)
- Because VJO is a newer VA initiative, VJO providers and trainees get access to didactics in the community. Past opportunities have included training in the treatment of Domestic Violence, Re-entry planning workshop done by the National GAINS center, Moral Reconciliation Therapy, and CBT for correctional populations.

### Use of Digital Mental Health tools: None.

### Pace:

- The clinical work in this rotation is fast-paced and often unpredictable.
- Best suited to trainees that take initiative, think creatively, are flexible and are open to doing the work of a psychologist in non-traditional settings, as well as taking on a clinical role not traditionally reserved for psychologists.
- If involved in Court and/or jail outreach or in the community educational components of the rotation, travel is required though is typically restricted to Santa Clara and San Mateo counties.

Veterans Justice Outreach is an exciting program in VHA and is a critical part of the VA's plan to end homelessness among Veterans. Justice-involved Veterans are at particular risk for homelessness and also struggle with a myriad of other clinical issues, all of which increases risk of recidivism. Engaging these Veterans in treatment to divert them from jail, when deemed appropriate by the legal system, and helping them reintegrate into our communities is one of the ways VA honors their service to our Country.

On this rotation, training focuses mostly on assessment and motivational interviewing, but other evidence-based practices including CBT, Seeking Safety, MBRP, DBT and CPT are other potential areas of training focus. Dr. Stimmel is also trained in Moral Reconciliation Therapy (MRT), which is an evidenced based CBT treatment for correction populations.

In addition to the clinical foci described above, this rotation provides an excellent and unique opportunity to interface with virtually every VAPAHCS program and clinic, as well as with the national network of VJO specialists, and other Bay Area VA health care systems (e.g., SFVA and Northern California). It provides the potential to pursue a true hybrid of clinical, research and administrative interests, and provides the unique opportunity for frequent engagement with the broader treatment and legal community. Furthermore, research on Veterans Justice Programs is in its early stages, providing ample opportunity to pursue collaboration both within existing program development and evaluation projects and with national Veterans justice program data sets.

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Providing culturally-competent treatment is also a very important part of this rotation and multicultural issues are emphasized in supervision. Dr. Stimmel's approach to supervision depends some on the level of skill the trainee exhibits, but is generally collaborative and focused on the trainees training goals. He considers it the responsibility of the trainee to develop training goals for the rotation with input from himself and to share in supervision how he/she is progressing on those goals. Trainees are encouraged to participate in any and all aspects of the VJO position, and can craft a training plan that shifts focus over the course of the year (e.g., beginning with jail outreach and then shifting to research or participation in Veterans treatment courts). Dr. Stimmel welcomes regular feedback on how he might facilitate the trainee's goals and what is needed from him to insure learning and skill acquisition. If a trainee chooses to travel with Dr. Stimmel for outreach, the vast majority of supervision is live in those settings.

*Reviewed by:* Matthew Stimmel, Ph.D.  
*Date:* 9/21/17



### Health Services Research & Development Center for Innovation to Implementation (Ci2i, Building 324, MPD)

**Supervisor(s):** Daniel Blonigen, Ph.D.  
Jessica Breland, Ph.D.  
Adrienne Heinz, Ph.D.  
Keith Humphreys, Ph.D.  
Rachel Kimerling, Ph.D.  
Eric Kuhn, Ph.D.  
Mark McGovern, Ph.D.  
Amanda Midboe, Ph.D.  
Elizabeth Oliva, Ph.D.  
Karen Osilla, Ph.D.  
Craig Rosen, Ph.D.  
Eric Schmidt, Ph.D.  
Christine Timko, Ph.D.  
Jodie Trafton, Ph.D.  
Ranak Trivedi, Ph.D.  
Julie Weitlauf, Ph.D.  
Shannon Wiltsey Stirman, Ph.D.  
Lindsey Zimmerman, Ph.D.

**Patient population:** Veterans enrolled in the VA and receiving a wide variety of care including primary care, specialty mental health care (e.g., substance abuse treatment and chronic disease management), and Veterans enrolled in research studies.

**Psychology's role:** Ci2i Core and affiliated researchers, many of whom are psychologists, play a critical role in development, dissemination, delivery, implementation, and evaluation of clinical services. At Ci2i, psychologists conceive and answer important questions about outcomes, quality, and costs of publicly funded mental health services.

**Other professionals and trainees:** The Ci2i community includes a variety of experts in health services research areas, including health economics, epidemiology, public health, medical sociology, and biostatistics.

**Nature of clinical services delivered:** No direct clinical services are provided.



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**Fellow's role:** In consultation with a research mentor, interns develop and implement a research project related to one of the Center's several ongoing or archival studies. Over the course of the rotation, fellows are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal.

**Amount/type of supervision:** One or two research mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.

**Didactics:** The Center sponsors a weekly forum on a variety of relevant health services research topics; attendance is required. The research mentor and fellow may choose to incorporate additional seminars, e.g., Grand Rounds, presentations at Stanford, study groups, etc. The intern and mentor will determine readings relevant to the chosen research project and areas of interest.

**Use of Digital Mental Health tools:** Ci2i investigators conduct research on mobile applications such as an app for self-management of drinking problems, an app for weight-loss management, and an app for cognitive training for Veterans with co-occurring PTSD and alcohol use disorder, as well as research on video telehealth for Veterans with barriers to in-person care. Ci2i investigators collaborate with investigators from NCPTSD's Mobile Apps Team to study the usability, effectiveness, and implementation of various mobile health tools.

**Pace:** The goal of completing a research project from conception to write up within six months requires skillful time management. Rotation supervisors help the fellow develop a rotation plan. Fellows at Ci2i benefit from a coherent rotation focus with minimal additional requirements.

The HSR&D rotation offers fellows ongoing professional development as clinical researchers within the context of a national center of research excellence. The Center for Innovation to Implementation ([Ci2i](#)) is one of the VA Health Services Research and Development Service's (HSR&D) national network of research centers. Ci2i has strong collaborative relationships with several other research programs at the Palo Alto VA, including the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC). Ci2i is also affiliated with the Stanford University School of Medicine. Ci2i's mission is to conduct and disseminate health services research that results in more effective and cost-effective care for Veterans and for the nation's population as a whole. We work to develop an integrated body of knowledge about health care and to help the VA and the broader health care community plan and adapt to changes associated with health care reform. One main focus of the Center is on individuals with psychiatric and substance use disorders. Other foci that may be of interest to clinical psychology fellows include the quality and value of medical specialty care for Veterans with co-occurring medical and mental health conditions, and implementation science.

Fellows at Ci2i become involved in activities designed to improve their ability to conduct and interpret health services research. The organizational philosophy at the Center is strongly emphasized in its fellowship rotation: We believe that a collaborative, clear, and supportive work environment contributes to professional development and training outcomes. Fellows are expected to attend presentations that are relevant to the field, read research articles related to their research topic, and generally participate in the intellectual life of the Center. Fellows may receive training in a range of research skills, including quantitative and/or qualitative methods, assessment, statistics, data management, and statistical programs such as SPSS. Fellows may also receive mentoring on professional development issues, e.g., integrating clinical practice experiences and knowledge into conceptualization of health services research questions, clarifying their own research interests and goals, applying for research-related jobs, scientific writing, grant proposal writing, project administration, publishing, presenting at professional meetings. This rotation may be particularly useful for fellows who are planning academic/research careers or are preparing for administrative/clinical roles in which understanding and conducting health services research (e.g., program evaluation) is a major professional activity. Goals for the HSR&D fellowship rotation include the following:

*Fellows will participate in an effective research-oriented work environment.* The Center's organizational culture is both interpersonally supportive and intellectually stimulating. In the fellowship rotation, this culture includes encouraging and modeling effective professional communication, establishing collegial mentorship relationships between supervisors and fellows,

## Focus Area Descriptions

encouraging collaboration rather than competition, providing clear expectations and role descriptions, helping fellows acquire skills, and supporting the fellow in defining and achieving their own training goals.

*Fellows will be able to ask effective health services research questions* by integrating clinical practice experiences into conceptualization of health services research questions, analyzing and understanding relevant research literatures, and connecting health services research questions with important VA and non-VA health care policy and services issues.

*Fellows will develop as professional health science researchers* by clarifying their own health science research interests, developing collaborative communication skills within interdisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Fellows should be able to attend to issues of race and culture in research conceptualization and implementation, including understanding the influence of one's own racial/ethnic background and those of research participants.

*Fellows will acquire relevant research competencies*, including selecting and employing appropriate quantitative and/or qualitative data analytic methods, completing presentations suitable for presentation at a professional conference/submission to a professional journal, and/or understanding the basic mechanics of grant proposal writing and project management.

### **Broad domains of research for which rotation supervisors have datasets that could be made available to fellows include:**

- Longitudinal studies on the course and outcomes of Veterans and non-Veterans in treatment for substance use and/or other psychiatric disorders.
- Longitudinal studies on the course and outcomes of Veterans with co-occurring PTSD and substance use disorders.
- Telephone monitoring to increase care engagement for Veterans with substance use and/or other psychiatric disorders.
- Implementation and effectiveness of integrated services for adults with co-occurring substance use and psychiatric disorders in routine care settings.
- Implementation and effectiveness of treatments for Veterans and non-Veterans with opiate use disorders (e.g., medication-assisted treatment).
- Implementation of evidence-based psychotherapies (depression, anxiety, and PTSD) in VA and community settings.
- Evaluation and QI projects related to substance use and mental health treatment programming (e.g., opioid safety, naloxone distribution, suicide prevention)
- Unmet emotional and home and community based services for caregivers of Veteran.
- Pilot test of web-based program designed to support patient-caregiver dyads in self-management activities.
- Personal health record use of Veterans with co-occurring psychiatric disorders and medical conditions (e.g., HIV).
- Understanding Veterans' views and use of weight management programs.
- Health outcomes and experiences of care for women Veterans.
- Health care access and outcomes of criminally justice-involved and/or homeless Veterans.

Further information on the Center's activities is available by request, and on the website at <http://www.ci2i.research.va.gov/>.

*Reviewed by:* Daniel M. Blonigen, Ph.D.

*Date:* 09/28/21\*

## Focus Area Descriptions

### Couples and Family Systems Focus Area Training

**Clinical Training:** The Family Therapy Training Program at the VA Palo Alto Health Care System has an international reputation as a center that has been devoted to the treatment of couples and families, the training of mental health professionals, and the study of family processes. Family-systems theory represents the broad stance from which both clinical data and therapeutic change are considered, and the program's educational curriculum is focused on developing a full range of clinical skills including couples and family assessment, interviewing, intervention, and family-systems consultation.

Psychology postdoctoral fellowship training in the Couples and Family Systems focus area training includes 70% time providing couples and family consultation, assessment, and treatment (including direct service, program evaluation, and needs assessment) in a range of clinical settings at the VAPAHCS, working closely with psychologists, social workers, physicians, and interdisciplinary staff.

#### Primary Rotation Site:

#### Family Therapy Training Program, Building 321A (MPD)

**Supervisors:** Elisabeth McKenna, Ph.D., Co-Director, Family Therapy Training Program  
Jessica Cuellar, Ph.D., Co-Director, Family Therapy Training Program

Primary training in the Family Therapy Training Program concentrates first on acquiring and mastering the fundamental systemic assessment and treatment skills that most family therapists draw upon. Our training model comfortably represents differing theoretical orientations that include structural, family systems, integrative behavioral, emotionally focused, and psychoeducational approaches to couples and family treatment.

**Patient population:** Couples and families are referred to the Family Therapy Training Program's clinic for consultation and treatment from medical and psychiatric programs within the VA Palo Alto Health Care System. Each fellow can expect to see a range of cases, varying across presenting problem, couple and family composition, and family developmental stage.

**Psychology's role in the setting:** Psychologists' roles include direct clinical service, training, and interdisciplinary team functioning.

**Other professionals and trainees in the setting:** Program staff are comprised of two psychologists, co-directors for the Program. Elisabeth McKenna, Ph.D., is the Family Therapist in Polytrauma and also serves as co-preceptor for the postdoctoral fellow. Jessica Cuellar, Ph.D., is a psychologist in the Outpatient Mental Health Clinic, Telemental Health Team, who also serves as co-preceptor for the postdoctoral fellow. In addition to training postdoctoral fellows, psychology interns and psychology practicum students, the Family Therapy Training Program also provides consultation and teaching to services and interdisciplinary staff throughout the VA Palo Alto Health Care System.

**Nature of clinical services delivered:** Consistent with the VA's emerging commitment to treating couples and families, the Family Therapy Training Program offers a continuum of services that include, but are not limited to: brief family consultations, couples and family therapy and family psychoeducation. The Family Therapy Training Program takes an integrative and evidence-based approach to treatment in order to tailor and ensure best quality of care to each couple and family it serves. Assessment and treatment conceptualization frequently incorporate structural, integrative behavioral, and emotionally focused perspectives. Specific evidence-based treatments utilized include: Integrative Behavioral Couple Therapy (IBCT), Cognitive-Behavioral Couple Therapy (CBCT), Behavioral Parent Training, Behavioral Couple Therapy for Substance Use Disorder (BCT-SUD), and Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-P). Interested trainees may also have the opportunity to co-lead couples and multiple family therapy groups. These services may be provided in-person or through Telemental Health (video).

**Fellow's role in the setting:** Psychology postdoctoral fellows are valued team members and work within the Family Therapy Training Program during the full training year. The half-time rotation within the

## Focus Area Descriptions

Family Therapy Training Program is complemented by other half-time rotations offered by the psychology postdoctoral program. These rotations are selected based on the postdoctoral fellow's interests (please see below for information about available rotations). Postdoctoral fellows also have the opportunity to assist in the supervision of other psychology trainees participating in the Family Therapy Training Program, as well as offer supervision to practicum students within the Mental Health Clinic who are providing individual therapy. The professional identities of psychologists with a family-systems perspective may combine both clinical and research interests.

**Amount/type of supervision:** The primary format for supervision is individual and group consultation. During group consultation, fellows present couples or families for live and videotaped consultation with program supervisors and other trainees. In this context, trainees have the opportunity to observe each other and work together as a clinical team. From a teaching point of view, careful attention is paid to case formulation, the identification and resolution of clinical impasses, and development of the therapist's use of self in therapy. In addition, a range of supervision and consultative models are explored. The clinic presently has two studios equipped with one-way mirrors and phone hook-up. Direct observation of therapy sessions conducted by fellows is a common aspect of training within clinic. In addition to group supervision, fellows receive at least 2 hours of individual supervision per week with program supervisors to discuss current cases and a wide-range of professional development topics. Additional supervision is provided through other training rotations/sites as well.

**Didactics:** Didactics are woven into the training during the Friday morning live-supervision clinic, as well as individually scheduled times with program supervisors. The fellow is also provided with comprehensive readings in couples and family therapy that provide a solid conceptual, practical, and intensive introduction to couples and family therapy. A didactic conference with other VA psychology postdoctoral programs for fellows and faculty with couples/family interests is also offered on a monthly basis. Finally, the fellow will attend a weekly postdoctoral fellows' seminar series focusing on professional development and supervision.

**Use of Digital Mental Health tools:** The Family Therapy Training Program will be virtual and services will be provided via telehealth for as long as is advised during the Covid-19 pandemic. Fellows may also have the opportunity to participate in ongoing projects examining the use of technology to enhance engagement and effectiveness of couple/family-based treatment.

**Pace:** The usual caseload for the Couples and Family Systems Postdoctoral Fellow is five to seven couples or families in the Family Therapy Training Program.

**Additional Rotation Sites:** In addition to the primary rotation in the Family Therapy Training Program, the fellow will select additional couples and family-centered experiences from the following sites, with exposure to mental health, medical, and specialty populations:

### **Addiction Consultation & Treatment (ACT), Addiction Treatment Services (Building 520, PAD)**

**Supervisors:** Kimberly Brodsky, Ph.D.

Joshua Zeier, Ph.D.

Melissa Mendoza, Psy.D.

See description in Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders focus area section.

### **Behavioral Medicine Program (Building MB3, PAD)**

**Supervisors:** Lianne Salcido, Psy.D.

Jessica Lohnberg, Ph.D.

Priti Parekh, Ph.D.

Chantel Ulfing, Ph.D.

TBD

See description in Behavioral Medicine focus area section, with particular focus on the Andrology Clinic.

## **Focus Area Descriptions**

### **Domiciliary Residential Rehabilitation Treatment Program, Domiciliary Service (Building 347, Menlo Park Division)**

**Supervisors:** Timothy Ramsey, Ph.D.

Amy Wytiaz, Ph.D.

Michael Vallario, Ph.D.

See description in Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders focus area section.

### **Hospice and Palliative Care Center (Building 100, 4A, PAD; Palliative Care Consult Service)**

**Supervisor:** Kimberly Hiroto, Ph.D.

See description in Hospice/Palliative Care focus area section.

### **Trauma Recovery Services (Buildings 350, 351, and 352, MPD)**

- Residential Men's Trauma Recovery Program
- Residential Women's Trauma Recovery Program
- PTSD Intensive Outpatient Program

**Supervisors:** Jean Cooney, Ph.D.

Robert Jenkins, Ph.D.

Hong Nguyen, Ph.D.

Kendra Ractliffe, Ph.D.

Lizzie Sauber, Ph.D.

See descriptions in PTSD focus area section.

### **Mental Health Clinic, Menlo Park (Outpatient MHC, Building 321)**

**Supervisors:** Jessica Cuellar, Ph.D. (Telemental Health)

Bruce Linenberg, Ph.D.

Erin Sakai, Ph.D.

Eliza Weitbrecht, Ph.D.

See description in Psychosocial Rehabilitation focus area section.

### **Women's Health Psychology Clinic (Building 5, PAD)**

**Supervisor:** TBD

See description in the Behavioral Medicine focus area section.

**Summary:** Specialized family therapy skills are highly valued in VA and academic medical centers, academic departments, and community-based mental health clinics throughout the country. Although we are supportive of trainees' efforts to continue their training in family therapy and family research, fellows participating in the program need not plan to spend the majority of their professional time specializing in this area. At the completion of the rotation, however, we do expect that fellows will leave the program with greater proficiency in engaging couples and families, family assessment and consultation, formulating and executing systemic interventions, evaluating treatment progress, and planning termination. In addition, we hope that the training experience in the Family Therapy Training Program will stimulate fellows' creativity, intelligence, and resourcefulness in their ongoing development as mental health professionals.

## **Focus Area Descriptions**

*Reviewed by:* Jessica Cuellar, Ph.D.; Elisabeth McKenna, Ph.D.

*Date:* 9/17/21

## Focus Area Descriptions

### Palliative Care Focus Area Training

The COVID-19 pandemic heightened our individual and collective awareness of our own mortality and vulnerabilities as well as the rampant social and health inequities in our society. These insights also gave rise to more explicit conversations about what is truly important in life, and in death. These conversations have forced many providers and healthcare systems to re-examine their values, ethics, and process of addressing the medical care and end-of-life wishes desired by their patients. The pandemic in particular also highlighted the importance of palliative care as both a philosophy and a practice, with psychology playing a critical role.

Palliative care is a philosophy that focuses on the whole person. It centers on alleviating a person's physical and psycho-social-spiritual suffering, enhancing their quality of life, effectively managing their symptoms, and offering comprehensive, interdisciplinary support to the patient and their family. It can be provided at any point in the illness trajectory. Within palliative care, hospice care is provided to those living with terminal illness who have 6-months or less time remaining. Those accepting hospice care choose to focus on comfort and forgo disease-directed curative treatment. Care focuses on alleviating symptoms, maximizing quality of life, and reducing physical and psychosocial suffering. Hospice care also includes addressing existential distress and helping patients and family members process their grief. Ultimately, the focus remains on the healing powers of an interdisciplinary team that works collaboratively to honor the patient's and family's personhood, cultural identities, and values.

Palliative and hospice care teams play an increasingly important role in medical settings. They help teams examine their process and language for discussing themes of life, death, suffering, and hope and support patients and their families as they grapple with the meaning of life-limiting illness. Cultural identity and values are embedded within these discussions, with palliative care present to hold space for these topics and help connect aspects of a Veteran's identity and values with their medical decisions. Furthermore, palliative and hospice care serve to honor the lived experience of our Veterans by facilitating their meaning-making process, helping them find hope and resilience amid loss, and supporting their process of integrating illness- and age-related changes into their intersectional identities.

Psychology clearly plays an important role within palliative and hospice care and requires a specific skillset offered by this fellowship. This interprofessional program provides the skills needed to facilitate challenging discussions about illness, life, and death. It enriches the fellow's appreciation for the human experience of serious illness, heightens their awareness for how sociohistorical and cultural factors affect the Veteran's illness experience, and elevates the fellow's appreciation for the shared humanity within us all.

The VA Psychology Postdoctoral Fellowship with a focus in Palliative Care is part of a larger Interprofessional Palliative Care Fellowship Program. This program provides advanced training in palliative and hospice care to physicians, nurses, social workers, psychologists, chaplains and pharmacists at only a handful of VA facilities. The Palo Alto site highly values interprofessional training, immersing the fellow with other disciplines including medicine, nursing, social work, chaplaincy, pharmacy, occupational and physical therapy, massage therapy, recreation therapy, and dietetics along with community volunteers. The Fellow will maintain a primary rotation in the Hospice and Palliative Care Center throughout the year, including the inpatient palliative care consult service (see rotation description below) with two elective rotations in other settings. This structure allows the Fellow to work on establishing themselves on the primary treatment team throughout the year and hone their professional identity. Indeed, much of fellowship is focused on professional development (e.g., learning to become a supervisor, establishing oneself on clinical teams, marketing oneself for jobs) in addition to clinical care. While fellows gain specialization in palliative and hospice care, they can also maintain their professional identities in (e.g.,) clinical geropsychology, behavioral medicine, psycho-oncology, etc. Graduates have gone on to establish careers in VA Home-Based Primary Care, Palliative/Hospice Care, inpatient medical settings as well as non-VA settings (e.g., private practice, inpatient/outpatient medical settings).



## Focus Area Descriptions

The Palliative Care Psychology Fellow will obtain training in general clinical psychology competencies as well as training in the following emphasis areas:

- Psychological, sociohistorical-cultural, interpersonal, and spiritual factors that interact with and affect the experience of chronic disease and life-limiting or terminal illness;
- Biological aspects of advanced illness and the dying process
- Socioeconomic and health services issues in end-of-life care and systems of care
- Normative and non-normative grief and bereavement
- Assessment of issues common in patients with chronic, life-limiting, or terminal illness and their family members
- Treatment of patients with chronic, life-limiting or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, existential distress, unfinished business, hope, resilience)
- Treatment of family and social systems
- Interface with other disciplines through interprofessional teams and consultation in multiple venues
- End-of-life decision making and ethical issues in providing palliative care and hospice services
- Scholarship and teaching palliative care/end-of-life issues
- Supervision, professional development, and self-care.

Particular attention is focused on **clinical practice**. The Fellow will develop a breadth of expertise in hospice and palliative care. Training will include focus on refining the Fellow's provision of effective and culturally sensitive assessment, intervention (individual, family, staff), and interprofessional service delivery to meet the full range of issues across the illness continuum from diagnosis to death. Training will also focus on case conceptualization with a focus on diversity and cultural humility. Across the settings of care, the Psychology Fellow works collaboratively with other professionals to assess patients and their support networks, prioritize problems, and define and implement psychological interventions. Psychological issues addressed include pain and symptom management, psychological problems (e.g. depression, anxiety, serious mental illness), adjustment to chronic illness and/or end-of-life, grief reactions, existential and spiritual distress, questions of meaning, guilt, interpersonal problems, communication difficulties, crisis management and legal and ethical issues (e.g. abuse, physician aid-in-dying). However, psychological issues addressed also include a sense of well-being, spiritual comfort, forgiveness, gratitude and post-traumatic growth.

The Fellow is also expected to participate in a scholarly project with direct clinical implications that can potentially serve to expand knowledge and quality of care. They will also provide supervision to psychology interns and receive training in supervision. More broadly, through training the Fellow will strengthen their compassion for the struggles and resiliencies in our Veteran patients, their families, our team, and themselves. The ultimate hope is for the Fellow to examine the meaning of their own lives and develop an even deeper appreciation for the humanity of others, and themselves.

Throughout this fellowship, particular attention is also focused on **professional development**. This includes the process of establishing oneself on the team, owning one's sense of authority and expertise as an early career psychologist, and preparing oneself for the job market. Additional areas of focus include documentation, demonstrating psychology's value on medical teams, and developing one's supervisory style. Interdisciplinary team members often serve as informal mentors and all remain highly invested in and dedicated to training. Additionally, as available and depending on the Fellow's interest, there may be opportunities to get involved in leadership-related activities through the primary preceptor's (Dr. Hiroto) role as co-chair for the national VA Palliative Care Psychology Workgroup along with other committee

## Focus Area Descriptions

work both within the VA and outside. As interested and available, there may also be opportunities to present at professional conferences or/ or draft manuscripts for publication.

The fellowship is focused on training as well as setting the Fellow up for a successful career. The Fellow and primary preceptor collaboratively develop an individualized **training plan** to ensure sufficient depth and breadth of experience in order to help the Fellow be the most prepared and competitive for the job market. The preceptor will also help consider which elective rotations support the Fellow's training plan and overall career trajectory. The fellowship offers two additional training venues with options for mini-rotations. The aim is to ensure attainment of general and Palliative Care specific clinical competencies.

The fellowship includes access to multiple opportunities to attend didactics on hospice and palliative care in addition to related topics (e.g., geropsychology). These include:

- Formal didactics series (required)
  - Monthly Stanford University palliative care grand rounds
  - Monthly VA Palliative Care journal club
- Other didactic opportunities (optional)
  - National VA webinars on hospice/palliative care, life-limiting illness, and aging
  - Palo Alto VA seminars on geropsychology
  - Independent reading
  - Individual and group supervision
  - Professional conferences

The Fellow works on the Hospice and Palliative Care Center rotation part-time throughout the year with two elective rotations. These include: the Community Living Center, Home Based Primary Care, Spinal Cord Injury Center, Outpatient Geriatric Mental Health Clinic, and the Cardiovascular, Oncology/Hematology, and Pain clinics. There are additional opportunities to receive training in family systems and family interventions through the Family Therapy Program mini-rotation at the Menlo Park Division.

*“Overall, this has been an incredibly enriching and humbling training experience across multiple levels.... The Fellow has the opportunity to develop and grow in many capacities: psychotherapist providing individual and family therapy; consultant for the in-house hospice team as well as teams on other acute medical units; supervisor overseeing a caseload with Psychology Interns; and educator via presentations within the VA and broader Stanford community. ...One of the privileges in working in hospice and palliative care is not just managing the psychopathology but also witnessing the strengths of human resiliency, compassion, and ability to love and find forgiveness. This Fellowship has enriched my understanding of patient care and my role as an emerging psychologist. It has been an incredible honor to collaborate with multiple treatment teams and represent psychology as a vital domain in patient care.” ~Recent fellow*

### Primary Rotation Site:

**Hospice and Palliative Care Center (Building 100, 4C, PAD; Inpatient Palliative Care Consult Service)**

**Supervisor: Kimberly E. Hiroto, Ph.D.**

**Patient population:** The VA Hospice and Palliative Care Center is an 20-bed inpatient unit consisting of two wings: one wing serves patients needing hospice care and the other wing serves patients receiving

## Focus Area Descriptions

subacute medical care and rehabilitation. Patients on both wings are admitted for various lengths of stays ranging from short-term to end-of-life care. The average length of stay usually ranges between 1-3 months, but some patients have stayed with us for over 1 yr; duration often depends on their medical needs and illness status along with their functioning and psychosocial situation (e.g., housing, availability of caregivers). Our acute hospice patient population includes those living with serious life-limiting illness usually with 6-months or less time remaining (see below for a description of palliative and hospice care). Common medical problems for patients receiving hospice care includes metastatic cancer, advanced heart failure, chronic lung diseases, end-stage organ failure, neurocognitive disorders and progressive neurological diseases (e.g., ALS). Those receiving rehabilitation are often recovering from amputations and/or undergoing treatment (e.g., chemotherapy, dialysis). While these patients may not yet be eligible for hospice care, they often have chronic and/or life-limiting illnesses and frequently discharge home or to another residential setting (e.g., skilled nursing home) depending on their functional and medical needs. On several occasions our subacute medical patients discharge with home hospice or move over to our hospice wing. Within our unit, patient demographics vary significantly by sociodemographic characteristics, disease states, mental health diagnoses, military era, and life experience. Patients must test negative for COVID-19 before being admitted to our inpatient unit. Since the pandemic, family members and friends are able to visit but only under strict conditions, which depends on multiple factors (e.g., their own health, the patient's status). While general visitation rules exist, decisions are made on a case-by-case basis depending on each patient's and family's situation.

In addition to this unit, the Fellow also works with patients from our inpatient Palliative Care consult service (see description below). This service receives consults from the Palo Alto VA hospital and other inpatient settings (e.g., spinal cord injury, inpatient psychiatry). Consults often relate to symptom management (e.g., pain, nausea, dyspnea), mood (depression, anxiety), clarification of goals of care (e.g., pursuing curative treatment or comfort care), and/or teaching the patient about the dying process. Patients seen by the Palliative Care Consult Service may be earlier in their illness trajectory or in the early processes of deciding to pursue hospice care. The Fellow is responsible for tracking the incoming consults, determining if psychology services may be of benefit, and coordinating care with the consulting physician. Psychological services may involve working with the Veteran patient around adjustment to functional decline, helping the family cope with anticipatory grief, and/or attending family meetings to help address goals of care conversations. The Palliative Care Consult service provides the Fellow opportunities to consult with acute medical teams, navigate a variety of medical settings, and shepherd the patient through their illness experience.

**Psychology's role in the setting:** Direct clinical service to Veterans receiving hospice, palliative, and rehabilitative care, consultation with other medical teams requesting palliative care services (see below), interdisciplinary team participation, staff support, supervision of trainees.

**Other professionals and trainees in the setting:** Our interprofessional team consists of psychology, medicine, nursing, social work, occupational and physical therapy, massage therapy, chaplaincy, recreation therapy, pharmacy, dietary services and community volunteers. Palliative medicine fellows rotate throughout the year as part of the Interprofessional Palliative Care Fellowship. We frequently have residents and fellows from other specialties rotate through as well (hematology/oncology, psychosomatic medicine, geriatrics, pharmacy, occupational therapy).

**Nature of clinical services delivered:** Psychotherapy with patients and emotional support to their families, opportunities for grief therapy, cognitive and mood assessments. Case conceptualization and clinical interventions draw from multiple theoretical orientations (cognitive-behavioral, existential, family systems) and evidence-based therapies and approaches to care (problem-solving therapy, motivational interviewing, dignity/meaning-centered therapy). Services also include interprofessional consultation and psychoeducation.

**Fellow's role in the setting:** Direct clinical service provider; consultant, interdisciplinary team member, and liaison with other services. In addition, the Fellow is expected to attend requisite didactics, present at least once in the monthly Journal Club, and direct a scholarly project (e.g., program development/evaluation, clinically-oriented research, etc.). The fellow also will have an opportunity to supervise psychology interns and receive supervision of supervision.

## Focus Area Descriptions

**Amount/type of supervision:** At least one hour of individual supervision per week for clinical cases, one hour of supervision-of-supervision focused on professional development, and additional impromptu supervision/consultation as needed. One hour of group supervision per week with the Fellow and interns. Observation during team meetings and occasional observation during therapy sessions. Theoretical orientation emphasizes a lifespan developmental and cognitive behavioral perspective within a brief treatment model but also draws on existential, psychodynamic, and family systems frameworks. Supervision focuses on themes of personal and professional development with a focus on providing culturally humble and justice-oriented psychotherapy.

**Didactics:** Required monthly Interprofessional Palliative Care journal club, Stanford Palliative Care Grand Rounds, Psychology Postdoctoral Professional Development and Supervision series. Daily interdisciplinary treatment team meetings; opportunities to participate in additional educational events (e.g., National webinars on topics related to aging and end-of-life, relevant Geropsychology and/or Neuropsychology seminar topics, relevant webinars).

**Use of Digital Mental Health tools:** None as of yet, although quality improvement projects may arise as opportunities present themselves (e.g., use of virtual reality headsets for hospice patients).

**Pace:** 4-6 sessions per week (patients and families). Progress notes for each contact.

### Additional Rotation Sites:

#### **Cardiac Psychology Program (Building 6, PAD)**

**Supervisor:** Steven Lovett, Ph.D.

See description in Geropsychology focus area section.

#### **Community Living Center (CLC, Building 331, MPD)**

**Supervisor:** Margaret Florsheim, Ph.D.

See description in Geropsychology focus area section.

#### **Family Therapy Training Program (Building 321, MPD)**

**Supervisors:** Elisabeth McKenna, Ph.D., Director, Family Therapy Training Program  
Jessica Cuellar, Ph.D., Coordinator, Family Therapy Training Program

See description in Couples/Family Systems focus area section.

#### **Geriatric Outpatient Mental Health (GMHC, Bldg 321, MPD)**

**Supervisor:** Erin Sakai, Ph.D.

See description in Geropsychology focus area section.

#### **Home Based Primary Care Program (San Jose Clinic)**

**Supervisors:** Elaine McMillan, Ph.D.

Jennifer Ho, Psy.D.

See description in Geropsychology focus area section.

#### **Oncology and Hematology Clinics, Pain Clinic, Infectious Disease Clinic**

For additional information regarding these Behavioral Medicine Focus Clinics, contact:

Oncology/Hematology: Chantel Ulfig, Ph.D. (Building 100, PAD)

Pain Clinic: Priti Parekh, Ph.D. (MB3 PAD)

#### **Spinal Cord Injury Service (Building 7, PAD)**

**Supervisors:** Daniel Koehler, Psy.D.

Faith Steffen-Allen, Ph.D.

See description in Geropsychology focus area section.

## Focus Area Descriptions

### **Spinal Cord Injury Outpatient Clinic (Building 7, F143, PAD)**

**Supervisor: TBD**

See description in Geropsychology focus area section.

*Reviewed by:* Kimberly E. Hiroto, Ph.D.

*Date:* 9/13/21

## Focus Area Descriptions

### Posttraumatic Stress Disorder Focus Area Training

The PTSD postdoctoral fellowship focus area offers two positions each year, one with a focus on the needs of Veterans with PTSD and co-occurring Substance Use Disorders (SUDs) and one with a focus on women Veterans diagnosed with PTSD. Although the fellowships are based in PTSD-intensive treatment programs, the goal of training is not to prepare individuals specifically for work in residential or intensive outpatient care settings. Rather, the posttraumatic stress disorder (PTSD) postdoctoral fellowship focus area is designed to prepare fellows for future employment in any setting where care is provided to individuals who have experienced traumatic events.

Each Fellow's major, year-long rotation will occur in the VAPAHCS Trauma Recovery Services (TRS), which is comprised of the residential Men's trauma Recovery Program (MTRP), residential Women's Trauma Recovery Program, and the PTSD Intensive Outpatient Program (PTSD-IOP). The Residential MTRP has a bed capacity of 21, the Residential WTRP has a bed capacity of 10, and the PTSD IOP has a capacity of 10. TRS serves Veterans who have experienced a variety of traumatic events during their military service, and who often present with multiple medical and psychiatric co-morbidities. The residential programs are designed to be 60-90 days in length, and the PTSD IOP is typically an eight week long program.

A primary Psychology Preceptor will be selected from one of the TRS programs. Each Fellow and his/her preceptor will determine which training sites, additional rotations, and research tasks each Fellow will pursue, based on an assessment of competencies the Fellow has already acquired and competencies in which they have not yet developed. Decisions regarding supplementary rotations and the structure of the postdoctoral fellowship year will be based on each Fellow's particular interests and future career aspirations. Past Fellows have often elected to participate in minor rotations in Addiction treatment Services (ATS), the outpatient PTSD Clinical Team (PCT), the Women's Health Clinic (WHC), Inpatient psychiatry, and the National Center for PTSD (NCPTSD).

Areas of competency in PTSD focus area training are consistent with the 2017 VA/DoD Clinical Practice Guidelines for PTSD, with emphasis on assessment and intervention for PTSD and co-occurring disorders. Specific skill areas of focus for the PTSD fellowship include: 1) Core PTSD assessment modalities; 2) Assessment modalities pertaining to disorders commonly co-morbid with PTSD including substance use, depression, anxiety, cognitive concerns, and personality disorders; 3) Empirically validated and supported treatments for PTSD, particularly Cognitive Processing Therapy (CPT) Prolonged Exposure (PE), and Concurrent Treatment of PTSD and SUD using PE (COPE); 4) PTSD research and theory, especially pertaining to military-related PTSD; 5) Military culture and diversity issues in the presentation and treatment of PTSD; 6) Assessment of therapeutic and programmatic effectiveness; and 7) Therapist self-care.

The treatment modalities utilized in the Trauma Recovery Services (TRS) are empirically-supported whenever possible, and consist primarily of cognitive-behavioral individual and group-based treatments for PTSD and co-occurring disorders. In addition to evidence-based psychotherapy and pharmacotherapy, principles of behavioral activation and Whole Health are incorporated in the program to encourage Veterans to engage in physical activity (e.g., fitness, yoga, cycling) and social engagement (e.g., peer support, service dog training). Fellows will work with a diverse interprofessional team in each setting that may include – in addition to psychology – psychiatry, social work, nursing, recreational therapy, readjustment counselors, art therapy, chaplaincy, peer support specialists, and service dog trainers, as well as trainees in each of these disciplines. Fellows are involved in the full continuum of care as junior psychology colleagues, which includes providing initial screenings for admission, intakes/admissions, ongoing care coordination, individual and group therapy, program development, ongoing psychological assessment as clinically indicated, and discharge/transfer processes.

## Focus Area Descriptions

Fellows can expect to attain competencies in advanced general professional areas and the PTSD skill areas outlined above. The PTSD Psychology Fellows will spend at least 50% time in direct clinical service, up to 30% time in research and/or program development/evaluation, and 20% time attending didactics and providing teaching and supervision. Fellows will be encouraged to define their research activity in terms of involvement in projects already underway at VAPAHCS or program development/evaluation. Recent research projects have included: An Evaluation of CPT to Treat Veterans in a PTSD Residential Rehabilitation Program; Treatment Outcomes and the Process of Change for Patients Treated in a PTSD Residential Rehabilitation Program; Emotion Regulation in Combat-Related PTSD; Telephone Case Monitoring for Veterans with PTSD; Mortality Among Treatment-Seeking Veterans and Community Controls; Autonomic Correlates of Sleep Treatment in PTSD; and PTSD Sleep Disordered Breathing And Genetics: Effects On Cognition.

Additional PTSD settings include the PTSD Clinical Team (PCT), which provides training and experience in empirically-supported treatments for PTSD (e.g., CPT, PE) in a standard outpatient specialty mental health setting and the WHC, which provides Fellow with the opportunity to work with female Veterans with a history of traumatic event exposure (i.e., PTSD and commonly co-occurring diagnoses including medical conditions) in an outpatient specialty gender-specific clinic. The Fellows will also have the opportunity to work with researchers in the National Center for PTSD Dissemination and Training Division on new or ongoing research. Additional clinical rotations not specifically mentioned here may be available as well.

The individualized training plan for the PTSD Fellows will be developed with the assistance of a Primary Preceptor who will help plan the Fellow's overall program, ensure sufficient depth and breadth of experience, and plan which of the PTSD faculty will serve as supervisors during the fellowship year. The training plan will outline the content and length of each Fellow's various PTSD-related training experiences, which can change throughout the course of the year. The aim is to ensure attainment of general clinical competencies at the level of an early career psychologist, as well as to provide experience in each of the focus area-specific competencies.

*Reviewed by:* Kendra Ractliffe, Ph.D.  
*Dates:* 9/22/2020

*"My fellowship in PTSD with Palo Alto VA was a year-long experience where I was surrounded by supportive, knowledgeable staff who prioritized my training and set me up to find employment. I chose to focus on strengthening my trauma-focused therapy skills and learning more VA resources for justice-involved Veterans, although there are many options for fellows to individualize their training year. This fellowship provides experiences in individual and group counseling, program development, supervision, as well as a variety of emphasis areas. Most importantly, the team really cares about the fellow's development of his/her professional identity. After completing this training experience, I really felt prepared to apply for jobs with the knowledge of what my skills were and how to apply them in a variety of settings. I'd recommend this site to anyone interested in learning more about trauma, working with the military population, as well as successful interdisciplinary team dynamics."*  
~Recent fellow



## Focus Area Descriptions

### Rotation Sites:

#### Trauma Recovery Services (Buildings 350, 351, and 352, MPD)

- Residential Men's Trauma Recovery Program (MTRP)
- Residential Women's Trauma Recovery Program (WTRP)
- PTSD Intensive Outpatient Program (PTSD IOP)

**Supervisors:** Jean Cooney, Ph.D.

Robert Jenkins, Ph.D.

Hong Nguyen, Ph.D.

Laura Petersen, Ph.D.

Kendra Ractliffe, Ph.D.

Lizzie Sauber, Ph.D.

**Patient population:** The Trauma Recovery Services (TRS) serve Veterans diagnosed with Posttraumatic Stress Disorder (PTSD) and co-occurring conditions who have experienced a wide range of military-related traumatic experiences, including but not limited to war zone and combat-related trauma, and/or military sexual trauma (MST), and/or childhood sexual or physical trauma. We provide treatment to a diverse group of Veterans with a wide range of intersecting identities, including diversity in age, disability, religion and spiritual orientation, ethnicity/race, socioeconomic status, sexual orientation, and gender. Fellows will also become familiar with military culture and impact on the process of clinical service provision.

**Psychology's role in the setting:** Members of the interprofessional treatment team and lead Clinical Coordinators of each program, providing a wide range of clinical services including screenings for services, biopsychosocial intakes/admissions, treatment planning and reviews, treatment coordination, individual and group psychotherapy, psychoeducation, team meetings with Veterans, being a liaison for aftercare coordination, and transfer/discharge summaries. We value a strengths-based team approach emphasizing cultural humility in treating Veterans. We celebrate the diversity represented in our interprofessional team, including trainees, and the Veterans we serve.

**Other professionals and trainees in the setting:** Psychiatrists, Nurses, Social Workers, Readjustment Counselors, Recreational Therapists, Chaplain, Art Therapists, Peer Support Specialist, Service Dog Trainers, and trainees from other disciplines.

**Nature of clinical services delivered:** TRS utilizes both individual and group therapy modalities and prioritizes evidence-based treatments (EBTs) for PTSD, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy (CBT), and CBT for Insomnia. There is also an emphasis on providing concurrent evidence-based treatment for co-occurring substance use disorders, including Motivational Enhancement Therapy (MET), CBT for Substance Use Disorders (SUDs), Dialectical Behavior Therapy (DBT) for SUDs, Nicotine Cessation Therapy, and Contingency Management (CM) for Stimulant Use Disorders. An additional area of treatment emphasis includes third-wave interventions, such as DBT, Acceptance and Commitment Therapy (ACT), and mindfulness. Finally, TRS is in the process of further developing/implementing aspects of the Whole Health program to promote behavioral activation, social connectedness and reintegration.

#### **Distinctions between the Residential Men's and Women's Trauma Recovery Programs and PTSD IOP:**

Conceptually, the MTRP and WTRP are very similar; they share the same clinical mission to address military-related PTSD using cognitive-behavioral approaches in the context of a residential community. The WTRP currently treats a greater proportion of residents with MST and, conversely, the MTRP treats a greater proportion of residents with combat-related trauma. However, often within the MTRP, 30-40% of residents have experienced MST. Additionally, the women's program carries a smaller daily census and places a greater emphasis on gender-specific service delivery. The PTSD IOP is a time-limited (8-week) program that provides intensive and frequent trauma-focused psychotherapy (PE or CPT or Concurrent Treatment of PTSD and SUD using Prolonged Exposure [COPE]) to Veterans for whom residential treatment is not indicated (i.e., Veterans who are working or attending school, have home commitments, or who are ambivalent about abstaining from substance use). The PTSD IOP emphasizes

## Focus Area Descriptions

concurrent evidence-based treatment for SUDs and/or emotion dysregulation (i.e., DBT) to facilitate successful completion of trauma work. Currently, due to COVID-19, the PTSD IOP is a fully Telemental Health Care program.

**Fellow's role in the setting:** Fellows often provide services across all three programs, although they will primarily be focused in one program. Each Fellow will function as an important member of the interprofessional team and will assist with screenings, intakes/admissions, case conceptualizations, diagnoses, treatment planning and reviews, treatment coordination, transfers/discharges, and direct provision of clinical services, including individual and group psychotherapy. It is expected that Fellows will gain further competency in CPT and/or PE and/or COPE, and facilitate or co-facilitate one or more additional psychotherapy group(s) of their choice. The Fellow's role will be commensurate with his/her comfort level and experience. Experience in delivering supervised supervision of other psychology trainees (e.g., interns, practicum students) or trainees from other disciplines (e.g., medical students, psychiatry residents) will depend on availability at any given time. TRS welcomes Fellows' input for program development based on areas of expertise and interest as the opportunity arises.

**Amount/type of supervision:** At least one hour per week of individual supervision, an additional hour of group supervision during DBT consultation group (for those providing DBT services), and many opportunities for in-vivo supervision within the therapeutic community. Our setting is unique in that it is the norm for both providers and trainees to do treatment openly in front of each other, which allows for incredible learning and feedback opportunities. Fellows often comment that a unique aspect of this rotation is the opportunity to participate in co-therapy with their supervisors and observe various members of the interprofessional team conducting a variety of interventions. Additionally, trainees are provided with the opportunity to participate in the CPT Implementation Program to become certified as a CPT provider, which includes a 2-3 day training and weekly consultation calls for at least six months.

**Didactics in the setting:** Regular in-service trainings on PTSD-related topics by our clinical staff and invited experts. Additional group supervision may be offered depending on availability of trainees and staff.

**Pace:** TRS is a fast-paced setting where flexibility and team work are crucial.

**Use of Digital Mental Health tools:** Due to COVID-19 precautions, TRS is providing treatment in a mixed modality format. Many of our larger core clinical groups are being implemented via Telemental health (e.g. VA Video Connect and/or zoom) with some of our smaller, gender specific groups being offered in-person utilizing appropriate COVID-19 precautions. We collaborate with the National Center for PTSD (NCPTSD) and implement mental health mobile apps based on Veterans' preference. Some current apps in use include PE Coach, CPT Coach, ACT Coach, Virtual Hope Box, CBT for Insomnia, and Mindfulness Coach.

The TRS rotations are ideal training sites for trainees interested in developing and refining their expertise in PTSD and co-morbid conditions. The residential Trauma Recovery Programs are affiliated with NCPTSD and are the first and longest-standing residential treatment programs for Veterans with PTSD in VA. Many of our Veterans have experienced multiple traumatic events and have co-occurring disorders. The clinical complexity of our population and the program intensity ensure that trainees acquire solid skills in working with PTSD from evidence-based approaches, as well as, the ability to function effectively on an interprofessional treatment team. The programs focus on approach-oriented coping skills and relapse prevention strategies. Veterans are provided psychoeducation regarding the various effects of PTSD and have the option to participate in PE or CPT or COPE where they learn to interrupt patterns of avoidance and challenge beliefs associated with past traumas, while managing the thoughts, feelings, and physiological symptoms these experiences evoke. TRS has established a reputation for innovation, wherein cutting edge therapies are thoughtfully applied and assessed.

*Reviewed by:* Kendra Ractliffe, Ph.D.

*Date:* 08/24/2021

## Focus Area Descriptions

*"The PTSD postdoctoral fellowship at PAVA was my top choice and I made the best decision because of the clinical experiences, professional relationships built, and job opportunities I was given. The staff are truly like a family who support each other, which enables them to do very challenging work in a dynamic setting. The most unique opportunity I had was to watch my supervisor and other staff provide therapy in the moment and for them to observe me doing the same, which completely enriched the supervision experience and enhanced my confidence. I left postdoc with my dream job in hand and the feeling that I was prepared to practice as an independent clinician, which was priceless. There is something special about the staff and this setting that forever changed my training experience and evolution as a Psychologist. I could not be more grateful for this experience." ~Recent fellow*

### Posttraumatic Stress Disorder Clinical Team (PCT)

**Supervisors: Emily Hugo, Psy.D.**

**Madhur Kulkarni, Ph.D.**

**Erin Martinez, Ph.D. (Livermore Division)**

**Patient population:** Men and women with PTSD, many of whom have additional comorbid diagnoses. Traumatic experiences may include events from combat, training incidents, military sexual trauma, childhood, and civilian experiences.

**Psychology's role in the setting:** To provide individual and group psychotherapy using evidence-informed treatments for PTSD.

**Other professionals and trainees in the setting:** Psychology postdoctoral fellows, psychology practicum students, psychiatry residents, social workers, art therapists, nurses, and psychiatrists. The PCT team consists of psychologists, social workers, and an art therapist/recreation therapist. Trainees include medical residents and social work interns. Psychologists also work closely with the Mental Health Clinic staff, coordinating care with mental health treatment coordinators, nursing staff, and psychiatrists.

**Nature of clinical services delivered:** The PCT places an emphasis on empirically-supported treatments for PTSD, but integrates treatment interventions from a variety of modalities. There are opportunities to provide individual psychotherapy (e.g., Prolonged Exposure, Cognitive Processing Therapy, Skill-Building/CBT, Acceptance and Commitment Therapy) and group psychotherapy (e.g., Skills Training in Affective and Interpersonal Relationships (STAIR), PTSD Education, Seeking Safety, Anger Management). Fellows will also work in collaboration with MHC and Substance Abuse Program staff.

**Fellow's role in the setting:** Fellows will have the opportunity to provide individual and group psychotherapies. Fellows are also involved in the triage, assessment, and treatment planning of PCT patients. Participation in team meetings, didactic trainings, and peer consultation is also part of this rotation. Fellows may have the opportunity to provide individual or group supervision to psychology interns and practicum students.

**Amount/type of supervision:** At least one hour of individual supervision will be provided and fellows will participate in one hour of group supervision with other psychology trainees. Fellows will also attend PCT team meetings. Supervision will include tape review of session recordings, role play, and presentation of case conceptualization. The supervisors work from an integrated developmental perspective, examining behavioral, CBT, interpersonal, and systemic factors.

## Focus Area Descriptions

**Use of Digital Mental Health tools:** PCT staff, including trainees, integrate the use of mobile applications in their work with Veterans to maximize treatment benefit, as well as deliver therapy via telehealth to outlying CBOCs and to home via clinical video telehealth (CVT).

**Pace:** The PCT clinic has a steady workload with a significant amount of direct clinical care. . Expectations around number of assessments, individual clients, and groups per week will be set collaboratively at the start of the rotation. Fellows will be expected to write individual, group, and assessment notes in a timely and professional manner. Given the emotional intensity of some of the psychotherapies provided, there is also a strong emphasis on self-care and professional development reflection.

This rotation is a great fit for anyone who is interested in gaining initial or additional expertise in the outpatient treatment of PTSD. The PTSD Clinical Team (PCT) rotation aims to build foundational knowledge of PTSD, as well as an understanding of the triaging, assessment, case conceptualization, treatment coordination, and multidisciplinary treatment of Veterans with PTSD. Skills are fostered by the provision of opportunities to conduct thorough PTSD assessments; to conduct individual psychotherapy; to co-lead psychotherapy groups/classes; to participate in team meetings and didactic presentations; to take part in individual and group supervision; and to function as an integral part of a multidisciplinary mental health clinic. Additionally, you will be exposed to numerous evidence-based treatments, including Prolonged Exposure, Cognitive Processing Therapy, Seeking Safety, CBT for PTSD, Motivational Interviewing, and Acceptance and Commitment Therapy. There are also opportunities for program development, as the PCT is continuing to assess and adjust our approach to treating Veterans with PTSD, based on new research findings, feedback from Veterans, and increasing experience with OIF/OEF Veterans.

*Reviewed by:* Emily Hugo, PsyD  
*Date:* 09/13/2021  
*Reviewed by:* Erin Martinez, Ph.D.  
*Date:* 9/24/2020



## National Center for Post Traumatic Stress Disorder Dissemination and Training Division (Building 324, MPD)

### Supervisors:

Eve Carlson, Ph.D.  
Marylene Cloitre, Ph.D., Fellowship Director  
Rachel Kimerling, Ph.D.  
Eric Kuhn, Ph.D.  
Shannon McCaslin, Ph.D.  
Pearl McGee-Vincent, Ph.D.  
Carmen McLean, Ph.D.  
Jason Owen, Ph.D., M.P.H.  
Craig Rosen, Ph.D., Director, NCPTSD Dissemination and Training  
Division  
Robyn Walser, Ph.D.  
Shannon Wiltsey Stirman, Ph.D.  
Steve Woodward, Ph.D.  
Lindsey Zimmerman, Ph.D.

## Focus Area Descriptions

**Patient population:** Vietnam-era Veterans are the majority of VA PTSD patients nationwide, but projects also include Iraq and Afghanistan Veterans, Veterans exposed to military sexual trauma (MST), and Veterans of other conflicts (Korean War, the first Gulf War). Research has been conducted on hospital patients with traumatic injuries and family members of gravely injured hospital patients. The Dissemination & Training Division is also responsible for nationwide mobile mental health initiatives aimed at Veterans (and their family members) enrolled in inpatient or outpatient VA care, those receiving services in the community, and those not currently connected to mental health services. NCPTSD is also actively involved in developing and testing outreach and engagement strategies for Veterans who remain underserved such as rural Veterans, student Veterans, and women who have experienced MST. Development and testing of treatment interventions for alternative venues including primary care and telemental health to the home are ongoing.

**Psychology's role:** NCPTSD researchers and educators, most of whom are psychologists, play a nationwide leadership role in disseminating state-of-the-art treatments for PTSD, including a portfolio of widely-disseminated mobile apps (PTSD Coach, Mindfulness Coach, Family Coach, etc.), two national VA initiatives to train clinicians in evidence-based treatments, and video and web-based trainings for clinicians and web-based educational materials for trauma survivors. NCPTSD researchers conduct evaluations of VA mental health services, clinical intervention trials, implementation science, digital mental health including mobile apps and web interventions, assessment development studies, biological research, and neuroimaging studies.

**Other professionals and trainees:** Psychiatry, Research, Social Work, Public Health, Psychology Practicum Students.

**Nature of clinical services delivered:** Limited clinical services are delivered as part of specific research trials or user experience studies.

**Intern's role:** The training needs and interests of the intern define the mix of dissemination and research activities. Interns interested in dissemination work with National Center staff to develop PTSD-related products and services with potential for wide dissemination, or to take on a significant role in an ongoing implementation science or dissemination project. Interns interested in research work with a mentor to develop and implement a research project related to one of NCPTSD's ongoing studies or archival datasets. Research interns are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal. Interns may also have an opportunity to participate in delivery of interventions in ongoing clinical trials. Interns interested in mobile mental health are expected to participate in mobile app development (content writing, wireframing, or user testing), analysis of data from mobile app trials, and user experience testing with Veterans.

**Amount/type of supervision:** One or two mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.

**Pace:** The goal of completing a research project or education project from conception to write up within six months requires skillful time management. Rotation supervisors help the intern develop a rotation plan.

**Use of digital mental health tools:** The National Center for PTSD rotation provides unique opportunities for working with mentors who are responsible for developing, disseminating, and researching many of VA's widely used mobile apps. Mobile applications for iOS and Android developed and maintained by NCPTSD include PTSD Coach, PTSD Family Coach, COVID Coach, PE Coach, CBT-I Coach, Insomnia Coach, Mindfulness Coach, CPT Coach, Stay Quit Coach, AIMS, STAIR Coach, Mood Coach, ACT Coach, Couples Coach, and Beyond MST. NCPTSD staff are also involved in researching web-based interventions including AIMS (anger management), Moving Forward) problemsolving herapy), VA CRAFT (family support for treatment), webSTAIR (emotion regulation and coping skills), a digital mental health tool for healthcare workers impacted by COVID-related stressors, and exposure therapy. A messaging-based version of CPT for PTSD is also being tested.

The National Center for Posttraumatic Stress Disorder ([NCPTSD](#)) is a congressionally mandated consortium whose goal is to advance understanding of trauma and its consequences. The [Dissemination and Training Division](#) at the Palo Alto VAPAHCS, Menlo Park Division, is one of seven National Center divisions located at five sites. The others are located in Boston (Behavioral Science Division and Women's

## Focus Area Descriptions

Health Sciences Division), Honolulu (Pacific Islands Division), West Haven (Evaluation Division and Clinical Neurosciences Division) and White River Junction, Vermont (Executive Division).

Fellows may participate in ongoing research choosing from a variety of research opportunities. These include ongoing studies to evaluate VA policies related to screening, detection and treatment of PTSD, military sexual trauma, and other deployment-related health conditions; clinical trials of psychosocial interventions; psychometric instrument development; novel assessment methods development; laboratory and ambulatory psychophysiological and sleep studies; neuroimaging; longitudinal studies of the course of PTSD; and systems of care for recent trauma survivors. Cognitive, affective, psychobiologic and spiritual domains of PTSD are under investigation, as are related health service delivery issues.

Fellows may participate in a broad range of dissemination and training initiatives. Current dissemination/implementation activities include two nationwide initiatives to train VA clinicians in Prolonged Exposure (PE) and in Acceptance and Commitment Therapy (ACT), and patient education and self-help materials for military personnel and civilians exposed to trauma.

Trainees at the National Center for PTSD have the opportunity to:

- Learn to conceptualize the after-effects of trauma from a variety of theoretical perspectives—primarily cognitive-behavioral, biological, and interpersonal;
- Gain an understanding of factors that influence implementation of best care practices for PTSD in a national treatment system;
- Learn about effective means of disseminating and training clinicians in PTSD treatments.
- Gain further exposure to PTSD clinical research; and/or,
- Gain experience in evaluating quality of care for PTSD.

The National Center for PTSD has strong collaborative relationships with several other clinical and research programs at the Palo Alto VA, including the Men's Trauma Recovery Program, the Women's Trauma Recovery Program, the PTSD Clinical Team, the Sierra-Pacific Mental Illness Research, Education and Clinical Center (MIRECC), the Center for Innovation to Implementation (Ci2i), the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC).

*Reviewed by:* Craig Rosen, Ph.D.

*Date:* 9/28/2021\*

## Focus Area Descriptions

### Psychosocial Rehabilitation Focus Area Training

VA Palo Alto Health Care System, which annually provides outpatient mental health services to nearly 10,000 veterans at eight sites, has been gradually shifting to a psychosocial rehabilitation focus. The shift to Psychosocial Rehabilitation (PSR) practice begins with the realization that people with chronic and severe mental illness (CSMI) can and do get better. This recovery vision is the driving force of psychosocial rehabilitation and is supported by the VHA *Mental Health Program Guidelines* (1999). Veterans with CSMI “should not be deprived of the opportunity to attain greater self-determination.” VAPAHCS, an affiliated training center for many disciplines from several universities, offers multiple excellent opportunities for educating PSR mental health leaders of the future who will have a commitment to the potential recovery of CSMI individuals, will promote integration of care, expand systemic education, and lead progressive change.

PSR strives not only to achieve stability but moves beyond the maintenance model of symptom control to emphasize functioning in the community of one's own choosing. Social rehabilitation assists individuals in transcending limits imposed by mental illness and addressing social barriers such as second-class personhood and stigma, so that the individual can achieve their goals and aspirations. As such, PSR is both a conceptual framework for understanding mental illness and a client-centered system of care. Fellows in the Psychology Postdoctoral Fellowship Program who obtain training in the PSR focus area will attain general clinical competencies, as well as the PSR-specific competencies described below.

#### **Philosophy & Values**

VAPAHCS offers services to veterans with CSMI based on the primary principles of psychosocial rehabilitation, as described by the United States Psychiatric Rehabilitation Association (USPRA) in their “Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment” (9/9/97). These guidelines were developed in conjunction with a task force convened by the Joint Commission on the Accreditation of Health Care Organizations (JCAHCO) and the work of the USPRA Managed Care Committee. Per these standards, a psychosocial rehabilitation practitioner will:

- Promote continuity of care
- Engage with the whole person
- Foster hope, self-esteem, & empowerment
- Encourage advocacy, peer support, & self-help
- Support consumer-identified community goals
- Promote education, role models, & self-determination
- Encourage natural social supports & resources
- Teach life, stress, & symptom management skills
- Develop partnerships with consumers, families, caregivers, & the community
- Facilitate community-based normative experiences (Social, educational, vocational, & leisure)

#### **Curriculum**

In addition to ensuring the attainment of advanced general clinical competencies in psychology, didactic training is offered in the PSR focus area. The didactic curriculum is based on materials from a variety of leaders in the field of PSR such as: USPRA, Boston University's Center for Psychiatric Rehabilitation, the National Empowerment Center, and various practitioners and researchers of evidence based practices. The foundation of the PSR fellowship training will be to promote collective learning from academic, research, consumer, and community based resources.

A variety of teaching methods will be utilized; as much as possible, teaching will be informal and arise out of specific clinical learning opportunities. The full set of teaching modalities includes:

- Individual and group supervision
- Review of videotaped and written materials



## **Focus Area Descriptions**

- Fellow and guest presentations
- Core and affiliated faculty didactic sessions
- Interprofessional team development exercises
- Attendance at professional/consumer conferences
- Observation of staff modeling clinical and leadership skills
- Co-facilitation of groups and interventions with staff clinicians
- Role playing especially for communication and engagement skills
- Assigned readings to provide basic information and expand on teaching topics
- Visits and discussions with consumers who will share their recovery experiences
- Program development and outcome measurement

The curriculum's learning domains will be based on the seven core competencies of a psychiatric rehabilitation practitioner as defined by the examination for Certified/Registered Psychiatric Rehabilitation Practitioner (CPRP) that evolved from the USPPRA "Practice Guidelines." All of the domains are considered essential for training PSR professionals. Each content area will have an assigned faculty leader responsible for coordination and teaching methods related to that domain across all fellowship disciplines. The faculty leader will be responsible for ensuring that curricular objectives are addressed and will coordinate training evaluation within the domain.

### **CPRP Exam Program Domains:**

1. Interpersonal Competencies
2. Professional Role Competencies
3. Community Resources
4. Assessment, Planning, and Outcomes
5. Systems Competencies
6. Interventions & Evidence Based Practice
7. Diversity

## **Exposure, Experience, & Expertise**

By design, training in the PSR focus area will provide integrated educational opportunities both on-site and with a variety of community PSR-focused agencies that serve individuals with CSMI. Past in-services include: College of San Mateo's Transition to College Program (for individuals with CSMI), the Enterprise Resource Center (100% consumer run agency), Palo Alto New Hope Self-Help Center, the Contra Costa Recovery Centers, the San Mateo County Community Rehabilitation Coalition, and California Association of Rehabilitation Services (CASRA). The VA PSR National hub site coordinates monthly didactic programs provided via video internet and telephone conference on PSR topics. Exposure to local and national PSR programs will provide a vital contrast to traditional medical model services that have been the standard of care for hospital systems.

## **Interprofessional Domains**

- Collective planning of PSR practice
- Training, skills, and roles of each profession on the team
- Unique skills and role of one's own profession on the team
- Cooperative leadership in conducting interprofessional team activities
- Effective problem solving and ability to achieve consensual decisions
- Shared expertise for one's own profession and other professions on the team

## **Proposed Education Dissemination Project**

Fellows will design a PSR project that allows them to develop their PSR skills by exploring options, fostering engagement, challenging stigma, and connecting with resources. The dissemination project can be developed at the immersion site, the Acute Inpatient Psychiatry or any of the rotation sites depending

## Focus Area Descriptions

the Fellow's interest and expertise. The presentation of project curriculum developed by the PSR fellows could be offered via streaming video technology in cooperation with our MIRECC.

In addition, the PSR fellows will develop a seminar for presentation at the Psychiatric Rehabilitation Association (formerly USpra) annual conference. The PRA conference is a meeting of consumers, family, providers, and researchers dedicated to disseminating PSR information, concepts, and techniques.

*Reviewed by:* Stephen Black, Ph.D., Ph.D.  
*Date:* 08/24/2021

## Rotation Sites:

### Inpatient Psychiatry (Building 520, PAD)

**Supervisors:** Stephen T. Black, Ph.D.

Karen Deli, Ph.D.

William O. Faustman, Ph.D.

Claire Hebenstreit, Ph.D.

**Patient population:** This site allows for participation in a range of activities with acutely hospitalized patients with severe mental illness. The new Mental Health Center (PAD 520) which opened in September 2012 is a state-of-the-art 80-bed inpatient treatment facility. The building has four 20-bed units. A coed unit provides treatment to severely ill women throughout Northern California (NOTE: Due to Covid restrictions the units are temporarily combined so that all units are coed. As Covid related restrictions are removed our units will return to this structure). As such, it is the only inpatient facility for women veterans in VISN 21. This unit also provides geropsychiatric treatment for male veterans. An all-male unit provides treatment for acutely ill men often on an involuntary basis. Another all-male unit provides treatment for primarily voluntary psychiatric patients. The final unit houses a 28-day residential substance use rehab program. The co-location of the four units allows for a synergism of resources from psychotherapy groups to staff expertise.

**Psychology's role in the setting:** Psychology has an active role on all units, performing diagnostic work, teaching, clinical assessment, psychoeducation, group and individual psychotherapy, and psychiatric rehabilitation. Psychologists are considered co-attendings in this setting, and thus are heavily involved in regular evaluation of veterans, as well as decisions regarding treatment planning and discharge.

**Other professionals and trainees in the setting:** The units serve as teaching units for the residency and medical student training programs of Stanford University School of Medicine. In addition, these units have long provided training for predoctoral interns in the VAPA psychology training program. This is also a training site for psychology practicum students. Psychology fellows are welcome to participate in the training experiences (e.g., several hours a week of additional didactic training) offered by the Stanford psychiatry training program.

**Nature of clinical services delivered:** Inpatient Psychiatry provides acute inpatient care for veterans with serious mental illness who are in acute crisis and psychosocial rehabilitation through groups and individual psychotherapy focusing on recovery and strengths/values assessment, skills training, cognitive behavioral therapy, motivational interviewing, acceptance and commitment therapy, dialectical behavioral therapy, and relapse prevention planning.

**Fellow's role in the setting:** The fellow is expected to perform a range of clinical duties and specifically seek out patients with severe mental illness. Fellows will join with an interdisciplinary team in treatment rounds, participating in regular evaluation of veterans and working along with the team to explore the veteran's goals, provide appropriate recommendations, and work on collaborative treatment plans with the veteran. Fellows may offer groups and conduct individual therapy with a PSR focus. In addition, past fellows have served as a liaison between inpatient psychiatry and the VRC program described above (e.g., taking veterans to visit VRC prior to their discharge from acute psychiatry) as well as outpatient mental health services, including the MH Clinic and supported employment. Fellows are also encouraged to

## Focus Area Descriptions

provide teaching and assist in the training of predoctoral interns on the unit, as well as present didactic presentations to staff of all disciplines on the unit as part of the implementation and dissemination competency.

**Amount/type of supervision:** At least one hour per week of individual supervision as well as several more hours per week of group supervision (e.g. group supervision regarding inpatient specific topics and case presentations, as well as dedicated group supervision on the facilitation of therapy groups).

**Didactics in the setting:** As noted above, fellows are welcome to participate in a range of didactics offered by the inpatient psychiatric staff and the Psychosocial Rehabilitation Services staff. This includes several hours per week of lectures on a range of topics in severe mental illness.

**Use of Digital Mental Health tools:** None

**Pace:** Inpatient psychiatry is a rapid paced placement. Patients typically stay on the units for approximately 10-14 days, so there are usually admissions and discharges on a daily basis.

Training in the PSR area will be based on immersion training on the inpatient units. The inpatient psychiatry rotation provides an opportunity to work with SMI veterans during acute treatment, which often serves as the gateway to other services. The multidimensional treatment team setting of inpatient psychiatry is an excellent place to develop the interprofessional skills necessary for PSR work. The current primary supervisors for these experiences are Stephen Black, Ph.D., Karen Deli Ph.D, William Faustman, Ph.D., and Claire Hebenstreit, Ph.D. . Veterans treated on the acute unit are typically hospitalized following some type of acute crisis and may start hospitalization on an involuntary status (e.g., 72 hour hold for danger to self or others). The fellow may act as the primary provider for veterans who have been hospitalized with severe mental illness. This treatment can include the introduction of PSR principals with these veterans. In this work the fellow can serve as a liaison between inpatient programs and outpatient programs and services. We have found from prior experience that inpatient veterans may show better outpatient follow-up with services if they already had been introduced to the services or program prior to discharge from the hospital. The fellow may accompany the veteran to the program while still an inpatient, thus providing such an introduction. PSR fellows may also lead inpatient groups with a focus on recovery and rehabilitation, as well as providing individual psychotherapy to veterans on the unit. Fellows may also have the opportunity to observe legal hearings regarding involuntary hospitalization, liaise with the family members of veterans that are in the hospital and participate in family meetings. The units also allow for extensive training in the psychopharmacological treatment of veterans with SMI diagnoses.

Dr. Black is a former VA Palo Alto PSR fellow. He has strong interests in the assessment and treatment of suicide and SMI. He has an additional interest in forensic evaluation and the application of motivational interviewing to SMI.

Dr. Deli has a long standing interest in psychosocial rehabilitation, and helping Vets with SMI develop skills and competencies to be able to manage their symptoms, decrease their distress, successfully participate in society and work towards achieving their individual goals. She has extensive experience in providing psychoeducational training and is a VA master trainer in Social Skills Therapy (SST). Other clinical interests include behavior change, DBT, Interpersonal Psychotherapy, diversity, and object relations.

Dr. Faustman has an extensive background in the assessment and treatment of veterans with SMI. He has published extensively in the schizophrenia research literature and has over 40 years of experience in inpatient treatment settings. Supervision routinely includes the integration of the research literature in SMI. He has an additional interest in the use of cognitive behavioral therapy in the treatment of psychotic disorders such as schizophrenia.

Dr. Hebenstreit has a research background in interpersonal and intimate partner violence against women as well as gender differences in mental health and health services. Her clinical areas of focus include serious mental illness in female veterans, military sexual trauma, substance use disorders, and evidence-based treatments for posttraumatic stress disorder.

## Focus Area Descriptions

The primary training objective is developing competence in PSR focused treatment of acutely ill veterans with SMI diagnoses. Areas of specific training focus include the following:

- 1) Integration of PSR principals to the acute treatment of veterans with SMI diagnoses.
- 2) Assisting veterans in acute crisis to make a transition to an outpatient environment which includes significant PSR opportunities (e.g., the VRC program, Community Re-Entry group at the outpatient MHC, supported employment program).
- 3) Leading/co-leading and developing PSR-based inpatient groups for veterans with SMI diagnoses.
- 4) Conducting individual psychotherapy sessions with veterans with SMI diagnoses.
- 5) Obtaining significant learning in the practice of forensic psychology with this population (e.g., writing conservatorship letters, attending court hearings relating to competence and dangerousness, providing testimony in probable cause hearings).
- 6) Participating as a member of an interdisciplinary team, developing skills of communicating effectively with providers and staff members of different disciplines to facilitate optimal patient care.

*Reviewed by:* Stephen Black, Ph.D.

*Date:* 08/24/2021

### **Veterans Recovery Center (PRRC - San Jose Clinic)** **Supervisor: TBD (located at San Jose Clinic)**

**Patient Population:** Male and female Veterans of all ages challenged with serious mental illness and significant functional impairment. Co-occurring disorders such as substance abuse may be present but should not be primary.

**Psychology's Role in the setting:** The psychologist's role may include: Screenings and assessments; serving as a "Recovery Advisor" to Veterans (e.g., individual therapy, risk assessment, in vivo skills applications, linkage with concrete resources), creating individualized treatment (recovery) plans; providing individual and group psychotherapy; teaching psychoeducational classes; supervising Interns and other trainees; contributing to program development, evaluation, and quality improvement projects.

**Other professionals and trainees in the setting:** The psychologist is part of an interdisciplinary team which includes nursing, social work, recreational therapy, chaplaincy, and peer support. The team connects with the larger system of Mental Health Clinic, VA and community providers and services, including psychiatry, vocational rehabilitation, MHICM, etc. Other trainees may include Psychology pre-doctoral interns and practicum students, social work interns, Recreation Therapy and nursing students.

**Nature of clinical services delivered:** The VRC is an outpatient transitional learning center designed to help Veterans living with serious mental illness and functional impairment become meaningfully integrated in their community of choice. It includes: Integrated evaluation, assessment, and recovery planning; teaching therapeutically oriented as well as psychoeducational classes; individualized therapy or help with skills development; Inclusion of family services when possible. Staff is often out in the community with Veterans, not just in the VA setting.

**Fellow's role in setting:** The Fellow is an integral part of the VRC setting, participating in a variety of treatment modalities (community activities, classes, individual meetings) and playing a multifaceted role (e.g., recovery advisor, screener, teacher). The Fellow will help prepare a biopsychosocial assessment and Recovery Plans for Veterans, teach psychoeducational classes, and coordinate treatment and follow-up with other systems within and outside the VA as appropriate. This includes "bridging" with Inpatient Psychiatry units. Additional focus is on providing evidence-based treatment to Veterans by facilitating classes offered on modalities, including: CBT (depression, psychosis), ACT, Social Skills Training, DBT, WRAP, and Illness Management and Recovery. Fellows are also encouraged to assist in the training of other trainees on the unit, as well make didactic presentations to staff as part of the implementation and dissemination competency. Much of the work is applied through the use of an interdisciplinary team. A Fellow may also choose to learn more about and assist in administrative duties or program evaluation efforts, as it relates to quality improvement.

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**Amount/type of supervision:** At least one hour of individual supervision and one hour of group supervision, with other supervision opportunities in between or after classes. Besides implementing a Recovery perspective, the psychologist's theoretical orientations include psychodynamic, interpersonal, cognitive behavioral, experiential, and systems orientations. Dr. Linenberg can also assist Fellows with honing conceptualization and formulation skills, and integrating formulations with recovery/rehabilitation perspective.

**Didactics in the setting:** Fellows are invited to participate in a range of didactics. The weekly group supervision with other MHC trainees at Menlo Park Division includes didactics on a variety of topics and issues, and psychologists are always willing to share material, including on the Recovery and Rehabilitation model, Relational and Interpersonal Dynamic models, Case Formulation, Brief Therapy models, and Psychotherapy Integration.

**Use of Digital Mental Health tools:** Mental Health apps (as appropriate)

**Pace:** Moderate. As the VRC is not time limited, there tends to be more time to work with Veterans on their recovery plans. The pace and timing of intake evaluations or individual meetings differs according to how many referrals are received, and the caseload of the Fellow. Class notes are expected to be completed within 24 hours. Individual visits are to be conducted at least a monthly, as well as quarterly Recovery Plan updates. Transition/Discharge Notes as necessary.

The VRC is a Psychosocial Rehabilitation and Recovery Center (PRRC). A PRRC is a transitional educational center accessible to Veterans with serious mental illness (SMI). SMI tends to be defined as a diagnosis of Schizophrenia, Schizoaffective Disorder, Major Depression, Bipolar disorder, or severe PTSD, and for a PRRC, the individual must also experience significant functional impairment. The vision and mission of the VRC adheres to the core principles and values of the US Psychiatric Rehabilitation Association (USPRA), which focus on helping individuals develop meaningful skills and to access community based resources and supports. The goal is for Veterans to engage more fully in the living, working, learning, and social environments of their choice. The primary focus, through assisting Veterans to define their strengths, values, barriers, goals and desired roles, is to foster fuller community integration, with the same opportunities and responsibilities as any citizen. The minimum array of clinical or educational services includes: Individualized assessment and curriculum planning linked to the Recovery Plan, Social Skills Training, Cognitive Behavioral or other individual therapy, Illness Management and Recovery, Peer Support Services, other psychoeducational classes, etc., and linkage to other VA services, including psychiatry, addiction treatment, primary medical care, case management, Compensated Work Therapy or Supported Employment, and community services such as Community Colleges, NAMI, Vet Centers, and other peer support.

For additional information about VA recovery services, see <http://www.paloalto.va.gov/services/vrc.asp>.

*Reviewed by:* Stephen T. Black Ph.D.  
*Date:* 08/24/2021

## Focus Area Descriptions

### Mental Health Clinic, Menlo Park (Outpatient MHC, Building 321, MPD)

**Supervisors:** Jessica Cuellar, Ph.D.

Bruce Linenberg, Ph.D.

Erin Sakai, Ph.D.

Eliza Weitbrecht, Ph.D.

**Patient Population:** Predominantly male veterans (with a few female Vets seen in this clinic) with a wide variety of psychiatric diagnoses, psychosocial issues, and co-morbid substance use, personality, and medical problems. Veterans' ages tend to cluster around older Vietnam-era vets and younger OIF/OEF/OND vets.

**Psychology's Role:** Psychologists are integral members of our interdisciplinary treatment teams, consisting of psychologists, psychiatrists, social workers, nurses, peer support specialists, and chaplaincy. We collaborate well with specialists in Voc Rehab, art therapy, and recreation therapy. Each team briefly meets daily to coordinate interdisciplinary care. Team psychologists may conduct initial new-to-clinic assessments, create treatment plans, provide therapy, give consultation to other team members or services, and respond to immediate psychiatric issues which may entail voluntary or involuntary hospital admissions. Psychology trainees will be full members of the team and will be invited and expected to provide all services that core team psychologists offer.

**Other Professionals and Trainees:** Psychology Postdoctoral Fellows, Psychology Practicum Students, Psychiatry, Psychiatry Residents, Social Work, Social Work interns, Nursing Staff, Vocational Rehabilitation staff (CWT), and Peer Support.

#### **Nature of Clinical Services Delivered:**

- Individual and group psychotherapy
- Mental health treatment coordination
- Intake evaluations and treatment planning
- Medication evaluation and follow-up
- Liaison/consultation with other programs and staff.
- Assessing and dealing with emergencies and hospital admissions as necessary

**Fellow's Role:** Fellows have the opportunity to function and contribute much as the Psychologist does, simply under supervision, and with variations depending upon experience and learning needs. Thus, Fellows will have the opportunity to treat veterans with a wide variety of diagnoses and disorders from mild to severe; lead or co-lead psychotherapy or psychoeducational groups; provide individual psychotherapy; conduct initial assessments; create treatment plans; liaise with other services, including Inpatient Psychiatry, Domiciliary Service, Compensated Work Therapy (CWT) program, addiction treatment services, etc.

**Amount/Type of Supervision:** Fellows receive one hour of individual and one hour of group case consultation/supervision each week. Fellows might co-lead a therapy group with the supervisor, or video/audiotape their sessions for later review in supervision. The MHC Psychologists' theoretical orientations include cognitive-behavioral, psychodynamic, interpersonal psychodynamic, systems, psychosocial recovery, and integrative.

**Didactics:** The weekly hour-long group supervision meeting includes readings on a variety of topics and issues, and includes watching video of therapists from differing theoretical orientations. It is an open format, meant to foster discussion about treatment, theory, issues around professional identity, systems problems, ethical concerns, etc.

**Use of Digital Mental Health tools:** Mental Health apps (as appropriate)

**Pace:** Moderate and steady. The fellow must be able to organize and prioritize time required for tasks listed under #5 above.

The Mental Health Clinic (MHC) is a full-service outpatient clinic at the Menlo Park campus that serves individuals with a wide range of emotional, social, and psychiatric problems. Multiple and co-occurring diagnoses, medical and substance use issues, and psychosocial stressors are the norm, not the exception,

## Focus Area Descriptions

and trainees will most certainly be challenged to develop skills in implementing evidence-based treatment in complex real-world situations.

Patient population tends to cluster around Vietnam-era and OIF/OEF/OND eras. Currently, the majority of veterans seen here are Vietnam-era, but more and more Iraq/Afghanistan-deployed soldiers are seeking treatment. Trainees will have opportunities to hone skills in a variety of therapeutic modalities – CBT is the most prevalent here, but trainees have used behavioral, psychodynamic interpersonal, humanistic, and existential models. Outpatient MHC trainees may provide therapy (and get supervision) in: ‘classic’ CBT, CBT-I, Acceptance & Commitment Therapy, Prolonged Exposure, Cognitive Processing Therapy, Motivational Interviewing, Interpersonal Therapy for Depression, Time-Limited Psychodynamic Therapy, and other evidence-based treatments.

Trainees have paired this rotation with mini-rotations or other partnership with Family Therapy, Acceptance and Commitment Therapy, Outpatient Addiction Services, and outpatient PTSD specialty treatment. However, there are surely opportunities to work with Veterans carrying diagnoses of severe mental illness, PTSD or substance use disorders, and there are opportunities to provide and get supervision in PE, CPT, ACT, couples therapy, etc., even if formal mini-rotation is not requested (depending on supervisor expertise).

Weekly individual supervision is devoted to the fellow’s clinical caseload of individual and group therapy clients, also focusing on case conceptualization. Supervision can also cover professional development issues, treatment team functioning, and program development issues. As stated above, the weekly hour-long group supervision meeting includes readings on a variety of topics and issues, and includes watching video of therapists from differing theoretical orientations. It is meant to foster discussion about treatment, theory, issues around professional identity, systems problems, ethical concerns, etc.

*Reviewed by:* Stephen T. Black, PhD  
*Date:* 08/24/2021

*\*denotes rotation description reviewed in other materials and transferred to postdoc brochure*



## **Training Faculty**

A full listing of our psychology training faculty with staff bios can be found at: [View a listing of all VA Palo Alto psychology supervisors and training staff \(PDF\)](#).